

**South Carolina**

**Department of Health and Environmental Control**

# **Emergency Operations Plan**



**June 2018**

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## Record of Changes

[illegible]

## Distribution

Name	Date	Agency	# Copies	Initials

## Statement of Promulgation

The purpose of the Department of Health and Environmental Control (DHEC) Emergency Operations Plan is to provide a framework of service and support for the citizens and visitors of South Carolina during disaster or public threat of all forms.

This plan was developed for use by DHEC to ensure mitigation and preparedness, appropriate response and timely recovery from all hazards disaster or other public threats that affect the State of South Carolina.

This publication, dated June 2018, supersedes all previous versions of agency Emergency Operations Plans.

I delegate authority to the following personnel to make specific modifications to the plan without my signature. A thorough review of updates and changes will be conducted with the DHEC Director at least annually.

1. Director, Public Health Preparedness
2. Director of Plans, Public Health Preparedness

The South Carolina Department of Health and Environmental Control Emergency Operations Plan was reviewed and updated in accordance with state and federal provisions. This plan is effective upon the date of signature and will be activated by the DHEC Director.

Signed:



David E. Wilson, Jr.  
Acting Director

20 June 2018

## **I. Introduction.**

The State of South Carolina in accordance with South Carolina Regulation 58-101 is required to prepare for, respond to, and recover from emergencies and disasters. Emergency response and designated personnel, equipment, and facilities will maintain a state of readiness to save lives, prevent or minimize damage to property, protect public health and provide assistance to all who are threatened by an emergency or become victims of a disaster or public health threat. As mandated in the [State Emergency Operations Plan](#) (SCEOP), the Department of Health and Environmental Control (DHEC) is charged with primary and support responsibilities for a number of emergency response activities.

## **II. Purpose.**

This plan establishes standards and procedures for DHEC and assigns responsibilities for delivering emergency environmental and health services to the citizens and visitors of South Carolina in the event of either man-made or natural disasters, or other threats to public health and well-being. This agency-wide operations plan provides for the coordination and use of all DHEC personnel and resources, before, during and following emergencies. This plan supplements, but does not replace the SCEOP.

## **III. Scope.**

The operational scope of this plan pertains to DHEC actions. The plan, to include annexes, attachments and appendices support the National Response Framework (NRF) and the use of an Incident Command System (ICS) for command and control of the event. It recognizes the responsibilities and respects the autonomy of other jurisdictions and response agencies at all levels and is not intended to define or supplant existing plans for any particular agency or organization.

The scope of this plan is not limited to any particular hazard. This plan is applicable with equal effectiveness against all disasters, public health and/or environmental control incidents, whether they are infectious or noninfectious, intentional or unintentional. DHEC, under the SC Code of Laws, Title 44, Chapter 4, exercises unique authorities and responsibilities for coordinating the State's response in the event of a state emergency. These authorities and responsibilities include specified special powers concerning the control of property and persons.

DHEC will perform actions as an agency, and in various lead and supporting Emergency Support Function (ESF) roles at state and possibly county level. ESF

roles include [ESF 3](#) Public Works and Engineering – Regulated Infrastructure Monitoring (RIM), [ESF 6](#) Mass Care, [ESF 8](#) Health and Medical Services (**lead agency**), [ESF 10](#) Hazardous Material (**lead agency**), [ESF 14](#) Initial Recovery and Mitigation, [ESF 15](#) Public Information and [ESF 17](#) (Animal and Agriculture).

This plan is activated when any one of the following triggers occur:

- The Governor declares or intends to declare a State of Emergency.
- The Agency Director directs it to be so.
- The Secretary of the United States Department of Health and Human Services declares a Public Health Emergency impacting the State of South Carolina.
- The South Carolina ESF 8 (Health and Medical Services) and/ or ESF 10 (Hazardous Materials) are activated in conjunction with the South Carolina State Emergency Response Team (SERT).
- An incident occurs at the local level that overwhelms the local public health and medical system and requires state support to respond.
- At the direction of the State Health Officer in anticipation of an emerging risk to South Carolina's public health and medical system that has the potential to overwhelm local public health and medical systems and the potential to require state support or coordination to effectively respond.

#### **IV. Situation.**

This plan assumes an event has occurred or is likely to occur which requires refocusing, mobilization and/ or deployment of DHEC resources to protect and preserve public health and the environment to mitigate effects of an incident or pending disaster. Event-specific situations and requirements are detailed in the SCEOP and supporting Appendices. These include:

- [SC Hurricane Plan](#)
- [SC Earthquake Plan](#)
- [SC Operational Radiological Emergency Response Plan \(SCOREP\)](#)
- [SC Dam Emergency Response Plan](#)
- [SC Mass Casualty Plan](#)
- [SC Civil Disturbance Plan](#)
- [SC Catastrophic Incident Plan](#)
- [SC Drought Response Plan](#)
- [SC Tsunami Response Plan](#)
- [SC Repatriation Plan](#)
- [SC Active Shooter-Hostile Action Consequence Management Plan](#)
- [SC Infectious Disease Plan](#)
- [SC Medical Counter-Measures \(MCM\) Plan](#)
- [SC Opioid Emergency Response Plan](#)

These and other hazards to our state are addressed in additional detail in the [SC Hazards and Vulnerabilities Analysis](#). Additional responsibilities are found in the:

- [SC Hazard Mitigation Plan](#)
- [SC Recovery Plan](#)

## **V. Goals and Objectives.**

The overarching goal is to provide and coordinate essential support services to people in South Carolina in time of disaster or crisis. Simultaneously, we must emphasize the safety and well-being of our employees and their families. In large scale events, many of our facilities may be adversely impacted. Resumption of our daily, critical roles in support of our communities should occur as quickly and smoothly as feasible. We must be committed, diligent, tireless and keenly focused on details along the path from stage setting to conclusion.

- Provide and coordinate essential health, medical and environmental services to the citizens and visitors of South Carolina. This includes public health, coordination of essential medical care as required, emergency medical service transportation coordination, health care facility coordination, regulated dam safety, hazardous material and radiological response, shelter operations and support, coastal assessment operations, and maintain situational awareness of post disaster potable water supply and waste water system.
- Protect our personnel and their families, facilities, and vital records.
- Rapidly and efficiently realign personnel to meet mission requirements using internal resources. Provide quality support to these personnel while deployed, and phase demobilization as soon as feasible.
- Coordinate for and synchronize resources external to South Carolina as required in a rapid, thorough and cost conscious manner.
- Resume normal operations.
- Attain reimbursements to ease financial burdens incurred from the event.

## **VI. Facts and Assumptions.**

Facts and assumptions influencing content of this plan include:

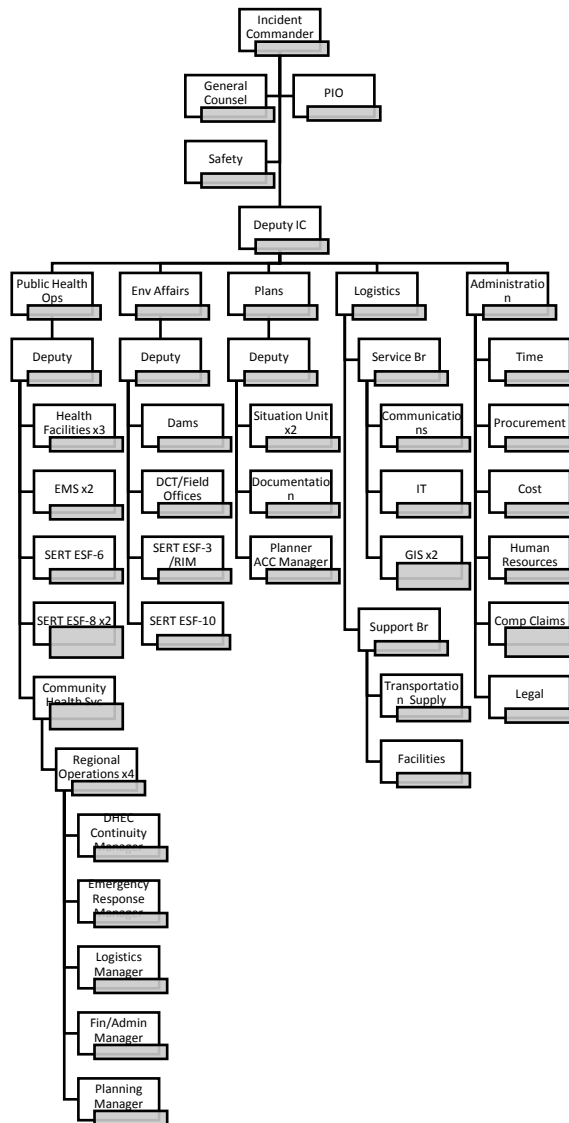
- Lifesaving and protecting health, to include responders, take priority over all other activities.
- Incidents may involve multiple hazards or threats.
- Incidents may occur with little or no warning impacting single or multiple geographic areas.
- Incidents may immediately or rapidly overwhelm local capabilities.



- Incidents may effect DHEC employees and family members.
- DHEC personnel may serve in disaster related capacities not aligned to normal duties, may be temporarily relocated to alternate sites to provide services.
- Incidents may effect DHEC facilities.
- Local governments will manage disasters/emergencies utilizing resources within their jurisdictions.
- Actions must be coordinated with other State agencies, Federal and local governments, and private entities and organizations.
- Incidents may require prolonged incident management and support operations.
- Re-entry into evacuated or effected areas may require restoration of services to include medical and water.
- Incidents may require assistance and integration of resources outside of the State.
- Finance practices may require expedition.
- By exception, some DHEC procedures may be relaxed or waived to maintain essential services, or to effectively meet public health or environmental objectives.

## **VII. Organizational Structure.**

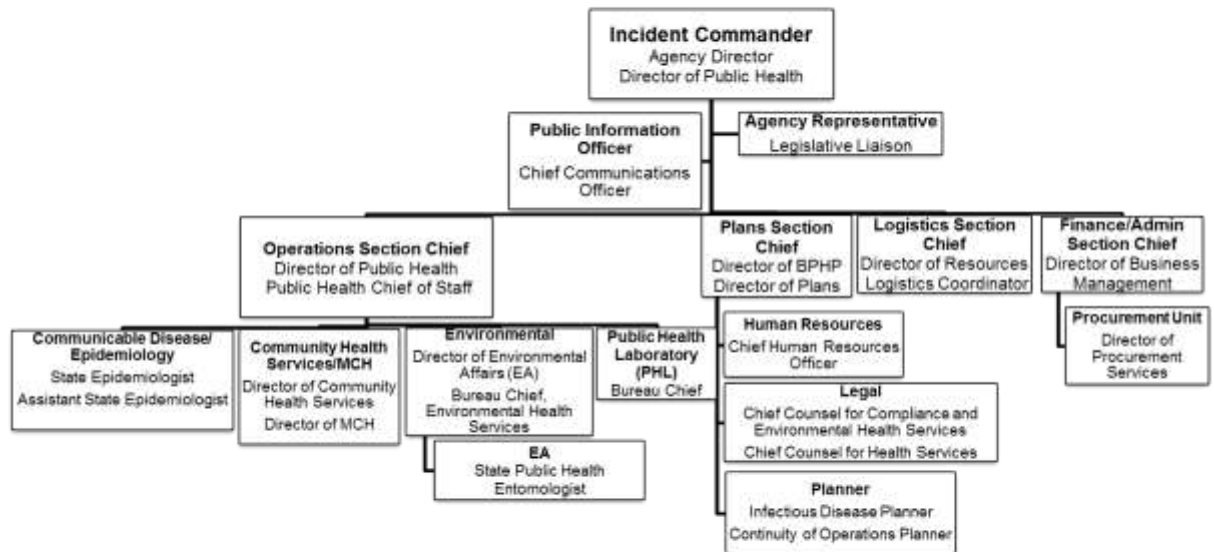
DHEC responds to incidents using a modified Incident Command Structure. When doing so, some normal roles and duties may change, as may reporting relationships. Whenever feasible, ICS will closely mirror regular structure, authorities and responsibilities within the agency to the maximum extent possible. An example is in Figure 1 below.



**Figure 1, Incident Command Structure.**

While Figure 1 is an example, it is only an example and depicts a large scale agency wide response structure in a disaster such as a hurricane. For all events, the first step is identifying the appropriate Incident Commander (IC) for our agency response. While the “default” IC is our Agency Director, a regional response may be better suited to a Regional IC representing DHEC, a tuberculosis event a Medical Doctor as IC, or a significant series of dam breaches or overtopping an Engineer. Other events, such as a DHEC response to a local transmission of the Zika Virus, while localized may be very complex and require a combination of health and environmental personnel, regional and state, operating under an IC who may be designated by the

Director from any area of the agency. An example of this type Incident Command Structure is shown below in Figure 2.



**Figure 2, Zika Incident Command Structure.**

Once the DHEC IC is established, key positions are designed and assigned. At a minimum, all ICS operations include the IC, an Operations Chief, a Plans Chief and a Logistics Chief. Where costs outside normal budgets may be incurred, a Finance/Admin Chief is assigned. Public Information is a critical component of all we do as an agency at all times, therefore when a dedicated PIO is not assigned to the ICS staff, support will be provided from the Agency Communications section. The same is true for other staff roles, such as legal, procurement, safety, etc. In all instances where other agencies or governmental entities are responding to the same incident, liaisons are established and assigned as required. While detailed descriptions of this process and positions are provided as instructional material in [FEMA IS 100, 200, 700 and 800](#), there are several general characteristics that define these positions and can assist in identifying and assigning DHEC personnel in these roles. When assigned as an IC or in key roles in support of the ICS, some generic guidelines remain constant incident to incident. These include:

- The Incident Commander is responsible for all actions pertaining to the incident, and is the agencies sole authority for outcomes.
- The Operations Chief “runs” the incident today under the authority of the IC.
- The Plans Chief prepares the incident response for the next “operational period,” which in most instances is tomorrow.
- The Logistics Chief identifies, coordinates, and procures all needed resources, personnel, material, vehicles and facilities for use by the ICS.
- “Branches” and “Divisions” exist when the ICS is larger or more complex. They normally align in reporting channels within operations. For example, in a coastal evacuation for a pending hurricane, the DHEC Director is the IC for the DHEC ICS. All agency personnel are likely to be affected in some way, and all leaders will be engaged in response related roles. DHEC will designate “Branches,” likely led by Regional Directors who themselves will designate essential ICS staff positions within their respective branches. Branch directors and their representatives will coordinate directly with agency ICS chiefs, the designated Operations Chief for operations today, the Plans Chief for tomorrow’s activities, and the Logistics Chief for additional personnel and resources.
- ICS is a guide, and is intended by FEMA to be flexible and adjustable to needs and modifications.
- DHEC responds to incidents as a single ICS representing the entire agency.
- The Bureau of Public Health Preparedness (BPHP) and Environmental Affairs/ Bureau of Environmental Health Services/ Division of Emergency Response/ (EA/ BEHS/ DER) maintain agency processes and procedures, and personnel with training and expertise to assist all response operations, Incident Commanders, and others assigned to ICS related duties. Bureau personnel are available to fill critical roles as needed unless assigned to other roles during an active response.

Additional information can be found in Annex B of this document.

## **VIII. Concept of Operations.**

During disasters or other crisis affecting the state, DHEC will provide or coordinate for:

- Public health
- Essential medical care as required
- Emergency medical service transportation coordination
- Health care facility coordination
- Regulated dam safety
- Hazardous material response
- Radiological response
- Shelter operations and support
- Situational awareness of potable water supplies and waste water systems

- Coastal assessment operations
- Protect agency personnel and families
- Records protection
- Restoration of normal services

While many of these tasks closely associate to normal services our agency provides, those that are may become significantly increased in size and scale and may have to be performed in an accelerated timeframe. Other tasks fall outside of our regular set of services, requiring additional training in advance of disaster and requiring process development, procedural or regulatory review and modification, and contingency contracting.

To husband taxpayer dollars, DHEC will meet disaster caused needs using internal resources if possible. For larger events, this will cause reassignment of tasks and responsibilities for many (possibly most) of our employees, up to and including potential temporary change of job location. For example, in a large hurricane where the agency is providing shelter support to persons evacuated from the coast, administrative and nursing personnel from the upstate may be assigned to Conway to support this effort. Normal work days may expand to 12 or more hours. Even when responding in your “regular” job, disaster response will have affect. For example, the laboratory will see dramatic increase in test requirements related to water following an earthquake or hurricane, requiring extended hours to mitigate costs of outsourcing to private or contingency labs. Should all agency resources be exceeded or expended, we will use contingency contracts, mutual aid agreements with neighboring states, or the Emergency Management Assistance Compact (EMAC) coordinated through Emergency Management channels and processes.

To execute responsibilities, DHEC must work closely with the public, other organizations and our elected officials. This occurs in a variety of ways; readily seen and known are client interactions in the field and legislature interaction by our staff. Not so often seen are our Agency Director’s interaction with the Governor and other Executive Agency heads, which during emergencies occur daily and often several times a day. Current, accurate, detailed and all-encompassing information is required for success in this environment, to include items specified in Critical Information Requirements in section X of this plan, Incident Action Plan information, status of agency personnel and facilities, and elements of information associated to each Emergency Support Function (ESF). Coordination Centers and Emergency Operations Centers work closely with one another to synchronize operations and obtain and format the information required by executive leaders, and ESFs operating from the SEOC work to integrate and inform other members of information required for successful outcomes.

A detailed discussion of how the agency will respond and phase emergency or disaster operations is contained in Assignment of Responsibilities below.

## IX. Assignment of Responsibilities.

DHEC is assigned tasks from multiple sources, primarily the South Carolina Emergency Operations Plan (SCEOP) and governing laws and regulations, and Federal grant mandates aligned to Federal Code. A detailed list, extracted from these documents, is at Annex F of this SOP.

In addition to agency tasks, we are assigned responsibilities as an Emergency Support Function (ESF) lead or supporting agency. ESFs are coordination entities, comprised of multiple agencies and organizations, governmental and private, who work together and further identify and assign roles within the collaborative entity. The SC Emergency Management Division (SCEMD) and ESFs in totality comprise the State Emergency Response Team (SERT) and perform duties at the South Carolina Emergency Operations Center (SEOC) during disasters.

DHEC ESF Responsibilities are defined by the SCEOP as a Primary (P) (“Lead”) or Supporting (S) agency and are shown below in Figure 3. Where shaded, the SCEOP outlines tasks specifically for DHEC. These tasks are further defined in Annex F.

	Base	ESF 3	ESF 6	ESF 8	ESF 9	ESF 10	ESF 14	ESF 15	ESF 17	ESF 18
Disease Control	S						S		S	
Environmental Health	S					P			S	
Environmental Quality Control	S	S			S	S	S			
Public Health Preparedness	S		S	P	S		S	S		S
Water, Dams, Reservoir Safety	S	S								

**Figure 3, SCEOP ESF Assignment of Responsibilities.**

DHEC assigns responsibilities for three phases of emergency management; prepare, respond and recover. Generally, “prepare” measures extend from day to day activities to either a) activation of the SERT/ SEOC or b) establishing an agency ICS. Response activities begin with (a) or (b) above and extend to c) ESF release from the SEOC or d) deactivation of the agency ICS. Note that some portions of DHEC perform response activities on a daily basis as a part of routine duties, for example the Environmental Affairs (EA) Division of Emergency Response, that are not necessarily synchronized to these phases. Recovery begins at (c) or (d) and may extend for years following an event.

Tables below outline tasks and responsibilities for DHEC.

<b>PREPARE. ICS and SEOC are not activated.</b>	
<b>COMMAND, CONTROL AND COORDINATION</b>	
<b>Actions:</b>	<b>Responsibility</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide executive direction to the agency for disaster planning and preparation</li> <li><input type="checkbox"/> Provide information to the Office of the Governor</li> <li><input type="checkbox"/> Be prepared to serve as or delegate/ assign the agency Incident Commander</li> <li><input type="checkbox"/> Be prepared to serve as a member of the SERT Executive Group.</li> <li><input type="checkbox"/> Designate succession of command for Annex A (COOP)</li> </ul>	<p><b>Lead:</b> DHEC Director  <b>Supporting:</b> All Agency</p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Primary responsibility for this document and ICS/ disaster related development and training.</li> <li><input type="checkbox"/> Develop guidance recommendations/ documents and guide coordination and planning.</li> <li><input type="checkbox"/> Establish and lead the DHEC Planning Committee.</li> <li><input type="checkbox"/> Establish a plan maintenance and update schedule to include internal agency and SCEMD required documents.</li> <li><input type="checkbox"/> Monitor CDC, FEMA and state disaster/ emergency developments, updates, and situations, and inform/ advise the DHEC Executive Leadership Team (ELT) as appropriate.</li> <li><input type="checkbox"/> Establish procedures for and be prepared to activate the DHEC ICS structure and ACC.</li> <li><input type="checkbox"/> Recommend RCC activations as required.</li> <li><input type="checkbox"/> As required and available, assign or coordinate for trained personnel to fill primary ICS roles in regional or localized agency ICS structures.</li> <li><input type="checkbox"/> Designate agency representatives for ESF 6 and 8. Participate in all SERT/ SEOC activities.</li> <li><input type="checkbox"/> Maintain policies and procedures for the Public Health Duty Officer integrated with SCEMD/ State Warning Point (SWP).</li> <li><input type="checkbox"/> Participate in agency relevant Task Forces designated by SCEMD.</li> <li><input type="checkbox"/> Agency lead for the Palmetto Common Operations Picture to include contracting, training, and utilization.</li> <li><input type="checkbox"/> Coordinate and conduct seminars, workshops, and exercises.</li> <li><input type="checkbox"/> Identify, engage and incorporate partner agencies, organizations and associations.</li> <li><input type="checkbox"/> Enhance readiness through active participation in national conferences, events, and exercises.</li> </ul>	<p><b>Lead:</b> Bureau of Public Health Preparedness (BPHP)  <b>Supporting:</b> All state level bureaus/ divisions, Regional PHP</p>

<input type="checkbox"/> As required and available, assist the DHEC ELT and agency Bureaus/ Divisions with disaster/ emergency related plan and Standard Operating Procedure (SOP) development. <input type="checkbox"/> Be prepared to establish liaison to and assist federal, state or local government. <input type="checkbox"/> Develop or coordinate, validate, and maintain disaster related contacts. <input type="checkbox"/> Procure and maintain emergency communications equipment. <input type="checkbox"/> Procure and maintain the status of disaster related materials and supplies. <input type="checkbox"/> Recruit, train, and be prepared to employ the Public Health Reserve Corps (PHRC). <input type="checkbox"/> Designate succession of command for ESF 8 in Annex A (COOP)	
<b>COMMUNICATIONS/ OUTREACH</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Coordinate DHEC external and internal communications strategy and activities. <input type="checkbox"/> Be prepared to provide representatives to ESF 15. <input type="checkbox"/> Be prepared to facilitate or establish a Joint Information Center (JIC) to facilitate local and state synchronized messaging within 12 hours if required.	<b>Lead:</b> Communications <b>Supporting:</b>
<input type="checkbox"/> Post materials to the DHEC SharePoint site <input type="checkbox"/> Conduct public education campaigns on topics such as ...	<b>Lead:</b>  <b>Supporting:</b>
<input type="checkbox"/> Legislative Affairs will use messaging developed by communications to update and keep informed members of the General Assembly, Congressional delegations, and county delegation offices if they exist. <input type="checkbox"/> Legislative Affairs does <u>not</u> have contact information or established relationships with local governments and community leaders across the state and thus Legislative Affairs is not the appropriate contact for local governments and community leaders	<b>Lead:</b> Legislative Affairs <b>Supporting:</b> Agency SMEs
<input type="checkbox"/> Coordinate messaging with regional and local health officials.	<b>Lead:</b> Community Health Services <b>Supporting:</b> Communicable Disease Prevention & Control



<input type="checkbox"/> Coordinate messaging with state and local emergency management or designated points of contact.	<b>Lead:</b> BPHP
<input type="checkbox"/> Create and deploy messages for all DHEC employees.	<b>Lead:</b> Communications
<input type="checkbox"/> Identify key partners, stakeholders and community groups to help distribute educational materials.	<b>Lead:</b> Communications  <b>Supporting:</b>
<input type="checkbox"/> EA Operations Section through the EA Communications Branch Chief coordinates all communications, outreach and public information.	<b>Lead:</b> EA Branch Chief; Communications <b>Support:</b> All EA program areas
<b>GENERAL COUNSEL</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Provide legal support and guidance on issues that arise before, during, and after an emergency. This may include 24 hour support to the ICS Command Group, the Agency Coordinating Center, and/or the State Emergency Operations Center. <input type="checkbox"/> Review or draft any documents or correspondence as required. <input type="checkbox"/> Be prepared to perform incident command duties as requested or required.	<b>Lead:</b> OGC  <b>Supporting:</b> Clients
<b>PUBLIC HEALTH</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Participate in preparedness trainings and exercises <input type="checkbox"/> Maintain emergency (COOP, KI, etc.) plans	<b>Lead:</b> Community Health Services <b>Supporting:</b>

<ul style="list-style-type: none"> <li><input type="checkbox"/> Evaluate laboratory surge capabilities for testing increased numbers of laboratory samples.</li> <li><input type="checkbox"/> Establish contract with private labs and other public health laboratories for overflow testing.</li> <li><input type="checkbox"/> Review and revise protocol development.</li> <li><input type="checkbox"/> Establish data sharing procedures with other public health laboratories.</li> </ul>	<p><b>Lead:</b> Public Health Laboratory (PHL) <b>Supporting:</b></p>
<b>ENVIRONMENTAL AFFAIRS</b>	
<b>Actions:</b>	<b>Responsibility</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Primary responsibility for Dams Coordination Room, Disaster Coordination Team (DCT), OCRM and ESF-10 preparedness and training.</li> <li><input type="checkbox"/> Develop guidance recommendations/documents and guide coordination and planning for EA.</li> <li><input type="checkbox"/> Establish a plan maintenance and update schedule to include internal agency and SCEMD required documents.</li> <li><input type="checkbox"/> Monitor EPA, USCG, FEMA and state disaster/ emergency developments, updates, and situations, and inform leadership as appropriate.</li> <li><input type="checkbox"/> Establish procedures for and be prepared to activate the EA Operations Section and our ACC Liaison.</li> <li><input type="checkbox"/> Recommend Dams Coordination Room and DCT activations as required.</li> <li><input type="checkbox"/> As required and available, assign or coordinate for trained personnel to function within EA Operations.</li> <li><input type="checkbox"/> Designate EA representatives for ESF 10. Participate in all SERT/ SEOC activities.</li> <li><input type="checkbox"/> Maintain MOU for the EA 24-hour line to be integrated with SCEMD/ State Warning Point (SWP).</li> <li><input type="checkbox"/> Participate in agency relevant Task Forces designated by SCEMD.</li> <li><input type="checkbox"/> Use the Palmetto Common Operations Picture application.</li> <li><input type="checkbox"/> Enhance readiness through active participation in national/regional/local conferences, events, and exercises.</li> </ul>	<p><b>Lead:</b> Environmental Affairs (EA)</p> <p><b>Supporting:</b> Bureau of Environmental Health Services (BEHS); Bureau of Water (BOW); Bureau of Air Quality (BAQ); Bureau of Land &amp; Waste Management (BLWM); Ocean &amp; Coastal Resource Management</p>
<b>HEALTH REGULATIONS</b>	
<b>Actions:</b>	<b>Responsibility</b>

<input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> .	<b>Lead:</b>  <b>Supporting:</b>
<input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> .	<b>Lead:</b>  <b>Supporting:</b>
<input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> .	<b>Lead:</b>  <b>Supporting:</b>
<b>FINANCE/ ADMINISTRATION</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Maintain internal notification and recall rosters and communication systems.	<b>Lead:</b> Financial Chief of Staff  <b>Supporting:</b> Bureau and Office Directors
<input type="checkbox"/> Provide training to personnel assigned to emergency functions in EOP. <input type="checkbox"/> Review agency plans annually and update SOPs to meet current department policy and organization. <input type="checkbox"/> Participate in tests and exercises to ensure operational readiness in time of an emergency.	<b>Lead:</b> Project Management  <b>Supporting:</b> Chief Financial Officer, BPHP
<b>PERSONNEL/ HUMAN RESOURCES</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Ensure the development of agency policy and procedures for the protection and safety of personnel during an event. Refer to <i>Appendix S – Personnel Operations during Disaster (TBP)</i> .	<b>Lead:</b> HR <b>Supporting:</b> Policy Review Committee
<input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<b>INFORMATION/ TECHNOLOGY</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>

<input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<b>PUBLIC HEALTH REGIONAL ACTIVITIES</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Ensure staff complete routine preparedness trainings and participate in exercises	<b>Lead:</b> Region Training Coordinator <b>Supporting:</b> Region PHP Director
<input type="checkbox"/> Establish and maintain contracts with facilities that agree to serve as Special Medical Needs Shelters (SMNS) <input type="checkbox"/> Maintain emergency (COOP, KI, etc.) plans	<b>Lead:</b> Region PHP Director <b>Supporting:</b>
<b>ESF-8 HEALTH AND MEDICAL</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Lead Agency for the coordination of all ESF-8 administrative, management, planning, training, preparedness/mitigation, response, and recovery activities to include developing, coordinating, and maintaining the ESF-8 Annex and Standard Operating Procedure (SOP). <input type="checkbox"/> Develop mutual support relationships with professional associations and other private services and volunteer organizations that may assist during an emergency or disaster including special medical needs population and vulnerable populations' service agencies and advocacy groups <input type="checkbox"/> Ensure procedures are in place to document costs for any potential reimbursement <input type="checkbox"/> Participate at least annually in State exercises and/or conduct an exercise to validate this Plan and supporting SOPs <input type="checkbox"/> Develop and maintain plans to implement the Medical Countermeasures Program to the SC Emergency Operations Plan (SCEOP)	<b>Lead:</b> BPHP  <b>Supporting:</b> All

<ul style="list-style-type: none"> <li><input type="checkbox"/> Develop protocols and maintain liaison with elements of the National Disaster Medical System (NDMS), to include Federal Coordinating Centers (FCC) in South Carolina and Disaster Medical Assistance Teams (DMAT).</li> <li><input type="checkbox"/> Plan to provide ESF-8 representation on the Recovery Task Force</li> <li><input type="checkbox"/> Establish a system for collecting and disseminating information regarding the numbers of fatalities</li> <li><input type="checkbox"/> Develop protocols and maintain liaison with Disaster Mortuary Operational Readiness Teams (DMORT) of the NDMS</li> <li><input type="checkbox"/> Identify agencies, organizations, and individuals capable of providing support services for deceased identification including South Carolina Funeral Directors Disaster Committee, South Carolina Morticians Association, and South Carolina Coroner's Association</li> <li><input type="checkbox"/> Maintain a description of capabilities and procedures for alert, assembly and deployment of state mortuary assistance assets</li> </ul>	<p><b>Lead:</b> BPHP <b>Supporting:</b></p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Coordinate technical assistance, inspection procedures and protocols to ensure acceptable conditions related to food and water.</li> </ul>	<p><b>Lead:</b> EA <b>Supporting:</b></p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Identify doctors, nurses, technicians and other medical personnel that may assist in disaster areas</li> <li><input type="checkbox"/> Plan for the provision of emergency medical and dental care for the affected populations</li> <li><input type="checkbox"/> Maintain situational awareness of the availability of medical supplies, equipment.</li> <li><input type="checkbox"/> Plan for establishment of staging areas for medical personnel, equipment, and supplies</li> </ul>	<p><b>Lead:</b> BPHP <b>Supporting:</b> Community Health Services; EMS &amp; Trauma; Office of Oral Health (need to confirm)</p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Maintain situational awareness of licensed health care facilities to include capacity and bed space.</li> <li><input type="checkbox"/> Ensure licensed health care facilities (e.g. hospitals, nursing homes, and residential care facilities) develop evacuation plans and procedures</li> <li><input type="checkbox"/> Maintain situational awareness of certification levels of Emergency Medical Technicians (EMT) and licensed ambulance services.</li> </ul>	<p><b>Lead:</b> Health Regulations <b>Supporting:</b> BPHP</p>

<ul style="list-style-type: none"> <li><input type="checkbox"/> Develop procedures to protect the public from communicable diseases and contaminated drug supplies (including veterinary drugs)</li> <li><input type="checkbox"/> Develop surveillance procedures to monitor the public's health status</li> <li><input type="checkbox"/> Develop procedures for identification of disease and epidemic control</li> <li><input type="checkbox"/> Develop emergency immunization procedures</li> </ul>	<p><b>Lead:</b> Communicable Disease Prevention &amp; Control</p> <p><b>Supporting:</b> BPHP</p>
<b>ESF-10 HAZARDOUS MATERIAL</b>	
<b>Actions:</b>	<b>Responsibility</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Participate with SCEMD to review and update plans and procedures per published schedule.</li> </ul>	<p><b>Lead:</b> EA-BEHS Division of Emergency Response (DER)</p> <p><b>Supporting:</b></p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Lead Agency for the coordination of ESF-10 administrative, management, planning, preparedness, mitigation, response and recovery activities to include developing, coordinating, and maintaining the ESF-10 Standard Operating Procedures (SOP) which detail both radiological and non-radiological responsibilities</li> <li><input type="checkbox"/> Coordinate, integrate, and manage the overall State effort to detect, identify, contain, clean up, dispose of, or minimize releases of oil or hazardous substances and minimize the threat of potential releases</li> <li><input type="checkbox"/> For radiological incidents, provide technical assistance and resources necessary to evaluate and assess the consequences of an incident, and to provide protective action guidelines to State and local authorities</li> <li><input type="checkbox"/> Notify ESF-10 supporting agencies upon activation</li> <li><input type="checkbox"/> Review files submitted to DHEC regarding presence of chemicals covered under the Emergency Planning and Community Right to Know Act (EPCRA) Tier II program (computer accessible)</li> <li><input type="checkbox"/> Utilize contact and inventory information submitted in compliance with EPCRA, as well as GIS data layers compiled by DHEC, to evaluate potential releases and monitor areas of concern</li> <li><input type="checkbox"/> Develop and coordinate all DHEC/ESF-10 emergency response plans and procedures</li> </ul>	<p><b>Lead:</b> EA - BEHS/ DER</p> <p><b>Supporting:</b> BEHS Regional Offices (BEHSRO); EA-DCT; ACC</p>

<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Radiological</b></li> <li><input type="checkbox"/> Coordinate/ assist updates or revisions to the: <ul style="list-style-type: none"> <li>○ South Carolina Operational Radiological Emergency Response Plan (SCORERP)</li> <li>○ SC Technical Radiological Emergency Response Plan (SCTRERP)</li> <li>○ SC State Technical Radiological Operating Procedures (SCSTROP)</li> <li>○ Spent Nuclear Fuel Emergency Action Plan (SNF EAP)</li> <li>○ DHEC Regulation 61-63 (Radiological Materials)</li> <li>○ Standard Operating Procedures for Waste Isolation Pilot Project (WIPP) shipments</li> </ul> </li> <li><input type="checkbox"/> Participate at least annually in State FNF exercises to validate, update and revise plans and supporting SOPs</li> <li><input type="checkbox"/> <b>Non-Radiological (Chemical)</b></li> <li><input type="checkbox"/> Establish/ maintain the SC SOP for response to chemical spills and releases</li> <li><input type="checkbox"/> Coordinate/ assist updates or revisions to the: <ul style="list-style-type: none"> <li>○ South Carolina Oil and Gas Act (South Carolina Code of Laws, Title 48, Chapter 43)</li> <li>○ Pollution Control Act (South Carolina Code of Laws, Title 48, Chapter 1)</li> <li>○ South Carolina Hazardous Waste Management Act (South Carolina Code of Laws, Title 44, Chapter 56)</li> <li>○ State of South Carolina Contingency Plan for Spills and Releases of Oil &amp; Hazardous Substances (DHEC)</li> </ul> </li> <li><input type="checkbox"/> Prepare an inventory of existing threats using Superfund Amendments and Re-Authorization Act (SARA) Title III, Tier II information</li> <li><input type="checkbox"/> Maintain a listing of private contractors capable of performing emergency and/or remedial actions associated with a hazardous materials incident</li> <li><input type="checkbox"/> Maintain an inventory of State assets capable of responding to a hazardous materials incident</li> <li><input type="checkbox"/> Develop plans and/or mutual aid agreements regarding hazardous materials incidents with local agencies, other state agencies, contiguous states, federal agencies, and private organizations as required</li> <li><input type="checkbox"/> Collect and utilize licensing, permitting, monitoring, and/or transportation information from the appropriate local, State, or Federal agencies and/or private organizations to facilitate emergency response</li> <li><input type="checkbox"/> Participate at least annually in State exercises and/or conduct an exercise to validate, update and revise plans and supporting SOPs</li> </ul>	<p><b>Lead:</b> DER</p> <p><b>Supporting:</b> DCT, BEHSRO</p>
<b>ESF-6 MASS CARE</b>	
<b>Actions:</b>	<b>Responsibility</b>

<input type="checkbox"/> Coordinate, manage, and operate SMNS in SC. <input type="checkbox"/> Maintain and update the list of SMNS. <input type="checkbox"/> Update SMNS status information in Palmetto (formerly WebEOC /EMCOP). <input type="checkbox"/> Participate in annual County Mass Care coordination meetings and/or training events. <input type="checkbox"/> Coordinate for feeding support to SMNS persons with ESF-6 <input type="checkbox"/> Maintain an updated list of SMNS	<b>Lead:</b> BPHP  <b>Supporting:</b> Community Health Services
<input type="checkbox"/> Provide nurses, within capabilities, to support SMNS and (as available) General Population shelters. <input type="checkbox"/> Establish triage line and staff to receive triage line calls. <input type="checkbox"/> Establish, review, and coordinate criteria for sheltering in a SMNS. Criterial includes: <ul style="list-style-type: none"> <li>- Uninterrupted power to operate equipment or refrigeration</li> <li>- Temperature control environment</li> </ul>	<b>Lead:</b> Community Health Services  <b>Supporting:</b> BPHP; Regional OPHP
<input type="checkbox"/> Assess the accessibility of potential SMNS locations, to include both physical access as well as service access. <input type="checkbox"/> Identify, contract and coordinate the use of facilities as SMNS facilities, staffing to provide medical monitoring, liability coverage to SMNS, and management.	<b>Lead:</b> Regional BPHP; Community Health Services  <b>Supporting:</b> Regional Directors of Nursing; BPHP
<b>ESF-3 PUBLIC WORKS/ INFRASTRUCTURE</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Review and update guidelines and procedures annually.	<b>Lead:</b> BOW  <b>Supporting:</b> BLWM; BAQ; BEHS
<input type="checkbox"/> Develop regulations, plans, policies and procedures regarding non-packaged water supply, sewage treatment, and solid waste disposal.	<b>Lead:</b> BOW; BLWM  <b>Supporting:</b> DER; DCT



<input type="checkbox"/> Develop regulations, plans, policies and procedures regarding dam safety under provision of the South Carolina Dams & Reservoir Safety Act and supporting regulations.	<b>Lead:</b> BOW/ Dam Safety and Storm-water Permitting Division/ Dam Safety Program (DSP)  <b>Supporting:</b> DER, DCT
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Response activities begin with activation of the SERT/ SEOC or establishing an agency ICS, and conclude with ESF release from the SEOC and/ or deactivation of the agency ICS.

RESPOND. ICS and/ or SEOC are activated.	
COMMAND, CONTROL AND COORDINATION	
Actions:	Responsibility
<input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/>	<b>Lead:</b> DHEC Director <b>Supporting:</b> All Agency
<input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/>	<b>Lead:</b> Bureau of Public Health Preparedness (BPHP) <b>Supporting:</b> Regional OPHP
COMMUNICATIONS/ OUTREACH	
Actions:	Responsibility
<input type="checkbox"/>	<b>Lead:</b>  <b>Support:</b>

<input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> .	<b>Lead:</b>  <b>Supporting:</b>
<input type="checkbox"/> .	<b>Lead:</b>  <b>Supporting:</b>
<b>GENERAL COUNSEL</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Provide legal support and guidance on issues that arise during and after an emergency. This may include 24 hour support to the ICS Command Group, the Agency Coordinating Center, and/or the State Emergency Operations Center. <input type="checkbox"/> Review or draft any documents or correspondence as required. <input type="checkbox"/> Perform incident command duties as requested or required.	<b>Lead:</b> OGC  <b>Supporting:</b> Clients
<b>PUBLIC HEALTH</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Activate CareLine through DHEC vendor and establish scripts (event-related).	<b>Lead:</b> Central Appointing/Care Line Coordinator <b>Supporting:</b> Internal Systems Manager
<input type="checkbox"/> Activate SMNS Triage Line <input type="checkbox"/> Emergency Issuance of standing order and policy	<b>Lead:</b> Director of Office of Nursing <b>Supporting:</b> CHS Medical Consultant

<input type="checkbox"/> Provide staffing for the ESF-8 desk at the ACC <input type="checkbox"/> Develop and distribute emergency information to the public <input type="checkbox"/> Generate reports on the status of emergency operations	<b>Lead:</b> Director of Community Health Services <b>Supporting:</b> Director of Office of Nursing; Communication; Region Public Health Director
<b>ENVIRONMENTAL AFFAIRS</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Implement plans and procedures for EA Operations Section to include DCT, Dams Coordination Room, OCRM and ESF-10. <input type="checkbox"/> Track all EA activities, share pertinent information, provide information for briefings and ensure that information is accurate and timely.	<b>Lead:</b> EA <b>Supporting:</b> BEHS; BOW; BAQ; BLWM; OCRM
<input type="checkbox"/> Provide guidance to well owners, if required. <input type="checkbox"/>	<b>Lead:</b> BOW
<b>HEALTH REGULATIONS</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/>	<b>Lead:</b> <b>Supporting:</b>
<input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> .	<b>Lead:</b> <b>Supporting:</b>
<input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> .	<b>Lead:</b> <b>Supporting:</b>
<b>FINANCE/ ADMINISTRATION</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Notify and assure staff are on point to perform/expedite operations.	<b>Lead:</b> Chief Financial Officer <b>Supporting:</b>

<input type="checkbox"/> Identify mechanism for funding emergency operations during event. <input type="checkbox"/> Ensure procedures are in place to document costs for any potential reimbursement. <input type="checkbox"/> Receive approval by the Department of Administration Executive Budget Office, State Treasurer and Comptroller General or a higher authority to <u>exceed budget authority</u> for emergency operations.	<b>Lead:</b> Financial Management  <b>Supporting:</b>
<input type="checkbox"/> Maintain capability for emergency procurement of supplies and equipment.	<b>Lead:</b> Procurement  <b>Supporting:</b>
<b>PERSONNEL/ HUMAN RESOURCES</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<b>INFORMATION/ TECHNOLOGY</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<b>PUBLIC HEALTH REGIONAL ACTIVITIES</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Maintain SMNS staffing and operate shelters <input type="checkbox"/> Track staff working time during the disaster	<b>Lead:</b> Region Public Health Director <b>Supporting:</b> Region PHP Director

<input type="checkbox"/> Open and staff Regional Coordination Centers (RCCs) <input type="checkbox"/> Maintain coordination with, and staffing at, county Emergency Operations Centers (EOCs)	<b>Lead:</b> Region PHP Director <b>Supporting:</b> Region Health Director
<input type="checkbox"/> Complete relevant portions of the AAR	<b>Lead:</b> Region PHP Director <b>Supporting:</b> Director of Community Health Services
<b>ESF-8 HEALTH AND MEDICAL</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Maintain records of expenditures and resources used for possible later reimbursement <input type="checkbox"/> Coordinate information releases to the public with the public information officer in ESF-15 (Public Information) <input type="checkbox"/> Anticipate and plan for arrival of, and coordination with, Federal ESF-8 personnel in the State Emergency Operations Center (SEOC) and Federal Medical Stations (FMS) <input type="checkbox"/> Implement Strategic National Stockpile (SNS)/medical countermeasures operations, as needed <input type="checkbox"/> Coordinate DMORT services <input type="checkbox"/> Coordinate the notification of teams for deceased identification <input type="checkbox"/> Coordinate State assistance for next-of-kin notification. The SC Department of Administration (Veterans' Affairs) will notify deceased veterans' next-of-kin <input type="checkbox"/> Coordinate technical assistance to the responsible entities in their efforts to manage the public health services <input type="checkbox"/> Determine the need to issue Public Health Orders for clean up on private property if an imminent health hazard is declared	<b>Lead:</b> BPHP; ICS Designated Personnel  <b>Supporting:</b> All

<input type="checkbox"/> Coordinate doctors, nurses, technicians and other medical personnel that may assist in disaster areas <input type="checkbox"/> Maintain situational awareness of the status of licensed providers. <input type="checkbox"/> Coordinate establishment of staging areas for medical personnel, equipment, and supplies. <input type="checkbox"/> Coordinate the delivery of health and medical services, including the provision of medical personnel, equipment, pharmaceuticals, and supplies <input type="checkbox"/> Arrange for NDMS services, to include patient evacuation assistance, as needed	<b>Lead:</b> BPHP  <b>Supporting:</b> Health Regulations
<input type="checkbox"/> Coordinate alternate care sites as necessary. <input type="checkbox"/> Coordinate patient evacuation and relocation. <input type="checkbox"/> Coordinate and direct the activation and deployment of EMS agencies. <input type="checkbox"/> Monitor hospital and nursing home surge capacities statewide.	<b>Lead:</b> Health Regulations <b>Supporting:</b> BPHP
<input type="checkbox"/> Coordinate medical decontamination for hazardous materials response.	<b>Lead:</b> BPHP <b>Supporting:</b> EA
<input type="checkbox"/> Provide support for location, identification, registration, certification, removal and disposition of the deceased	<b>Lead:</b> BPHP <b>Supporting:</b> Vital Statistics
<input type="checkbox"/> Provide laboratory testing or if appropriate identify laboratory testing facilities	<b>Lead:</b> PHL <b>Supporting:</b>
<input type="checkbox"/> Coordinate epidemiological surveillance. <input type="checkbox"/> Coordinate requirements for health surveillance programs.	<b>Lead:</b> Communicable Disease Prevention & Control; Chronic Disease & Injury Prevention <b>Supporting:</b> BPHP
<b>ESF-10 HAZARDOUS MATERIAL</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Implement plans and procedures.	<b>Lead:</b> DER  <b>Supporting:</b>

<ul style="list-style-type: none"> <li>❑ Coordinate available personnel, equipment, and technical expertise necessary to contain, counteract, and supervise cleanup of hazardous materials for: <ul style="list-style-type: none"> <li>○ Non-Radiological or Chemical. Non-radioactive hazardous substances or materials in a quantity or form that pose risk to health/ safety</li> <li>○ Radiological. Radioactive hazardous substances or materials in a quantity or form that pose risk to health/ safety</li> </ul> </li> <li>❑ Coordinate technical assistance on hazards known to be present in the disaster area. These activities include decontamination and long-term remediation</li> <li>❑ Coordinate technical assistance for hazardous material recognition and identification</li> <li>❑ Coordinate laboratory assistance to include analyzing and identifying contaminants, pesticides, and other toxic materials in air, soils, vegetation, and water</li> <li>❑ Coordinate responsible party responses or the use of Federal/State contractors to control and contain a hazardous material release to protect public health and/or the environment</li> <li>❑ Coordinate expertise on environmental effects of oil discharges, or releases of hazardous substances, pollutants, or contaminants and environmental pollution control techniques</li> <li>❑ Coordinate decontamination activities with appropriate local, State, and Federal agencies</li> <li>❑ Coordinate technical assistance and guidance to decontamination activities for the protection of human health and the environment</li> </ul>	<p><b>Lead:</b> DER</p> <p><b>Supporting:</b> BEHSRO, DCT, ACC</p>
<ul style="list-style-type: none"> <li>❑ Radiological. Adhere to policies/ procedures defined in the preparedness section.</li> </ul>	<p><b>Lead:</b> DER</p> <p><b>Supporting:</b> DCT, BEHSRO</p>

<ul style="list-style-type: none"> <li>❑ <b>Non-Radiological (Chemical)</b></li> <li>❑ In coordination with and in support of Counties, assess the situation (pre and post-event), and, in coordination with local emergency management officials, develop strategies to respond</li> <li>❑ Coordinate all hazardous substance response-specific efforts with the Incident Command, and provide information to the State Warning Point (SWP) or SEOC for coordination of all other State efforts</li> <li>❑ Coordinate 24-hour response capability to an incident scene as necessary</li> <li>❑ Assess the situation to include: <ul style="list-style-type: none"> <li>○ The nature, amount and location of real or potential releases of hazardous materials</li> <li>○ Exposure pathways to human and environment</li> <li>○ Probable direction and time of travel of the materials</li> <li>○ Potential impact on human health, welfare, safety, and the environment</li> <li>○ Types, availability, and location of response resources</li> <li>○ Technical support, and cleanup services</li> <li>○ Priorities for protecting human health, welfare and the environment</li> </ul> </li> <li>❑ After reviewing reports, gathering and analyzing information and consulting with appropriate agencies, determine and coordinate necessary levels of assistance</li> <li>❑ Provide Protective Action Recommendations (PAR) as the incident requires</li> <li>❑ Coordinate monitoring efforts to determine the extent of the contaminated area(s) and consult with appropriate support agencies to provide access and egress control to contaminated areas</li> <li>❑ Decontamination: <ul style="list-style-type: none"> <li>○ Consult with appropriate local, State, or Federal agencies and/or private organizations with regard to the need for decontamination</li> <li>○ Coordinate technical assistance regarding decontamination of injured or deceased personnel</li> <li>○ Coordinate decontamination activities with appropriate local, State, and Federal agencies</li> <li>○ Coordinate technical assistance and guidance to decontamination activities for the protection of human health and the environment</li> </ul> </li> <li>❑ Coordinate with appropriate local, State, and Federal agencies to ensure the proper disposal of wastes associated with hazardous materials incidents; and assist in monitoring or tracking such shipments to appropriate disposal facilities</li> <li>❑ Coordinate with appropriate ESF's (when activated) for use of assets, technical advice and support as needed</li> <li>❑ Coordinate with SEOC Logistics for the location and use of staging areas for the deployment of personnel, assets, and materials into the affected zones</li> </ul>	<p><b>Lead:</b> DER</p> <p><b>Supporting:</b> DCT, BEHSRO</p>
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<b>ESF-6 MASS CARE</b>	
<b>Actions:</b>	<b>Responsibility</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Coordinate personnel, food safety, healthcare, crisis counseling, and water quality services to support Mass Care operations.</li> <li><input type="checkbox"/> Assist sheltered individuals in making arrangements for essential medical equipment, as the situation allows. (Shelterees should bring medicine and equipment with them if possible.)</li> <li><input type="checkbox"/> In a multi-county event, coordinate the opening and closing of SMNS to include coordinating regional support.</li> <li><input type="checkbox"/> Maintain and ensure confidentiality of medical records in shelters</li> <li><input type="checkbox"/> Determine most appropriate shelter for those who qualify for a SMNS.</li> </ul>	<p><b>Lead:</b> Community Health Services</p> <p><b>Supporting:</b> BPHP</p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Coordinate with other ESF-6 support agencies and organizations to SMNS requirements as needed or necessary.</li> </ul>	<p><b>Lead:</b> State SMNS Coordinator</p> <p><b>Supporting:</b> Regional OPHP</p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Maintain and ensure confidentiality of medical records received.</li> <li><input type="checkbox"/> Open and close SMNS in coordination with County Emergency Management in order to meet the sheltering needs of the local impacted areas.</li> </ul>	<p><b>Lead:</b> Regional OPHP</p> <p><b>Supporting:</b> Community Health Services</p>
<b>ESF-3 PUBLIC WORKS/ INFRASTRUCTURE</b>	
<b>Actions:</b>	<b>Responsibility</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Publish solid waste guidance and implement procedures.</li> </ul>	<p><b>Lead:</b> BOW</p> <p><b>Supporting:</b> BLWM; BAQ; BEHS</p>

<input type="checkbox"/> Coordinate surveillance, sampling, testing, and monitoring of water and sewage pumping, treatment, distribution and collection systems to ensure public health and safety and integrity of such systems. <input type="checkbox"/> Coordinate or assist utilities in issuance of advisories, confirm the initiation of utility emergency preparedness actions, and provide technical assistance and liaise with wastewater utility companies. <input type="checkbox"/> Coordinate increases in chlorine residuals in utility systems and monitor/ report storage system fill. Coordinate additional disinfection equipment and emergency power generation for pump stations. <input type="checkbox"/> Coordinate boil water advisories as required. <input type="checkbox"/> Coordinate expedited well water inspections and prioritization <input type="checkbox"/> In conjunction with SEOC Logistics, the Office of Regulatory Staff (ORS) and affected utilities, identify and locate additional or alternative sources of potable water to augment or maintain water supplies	<b>Lead:</b> BOW <b>Supporting:</b>
<input type="checkbox"/> Coordinate technical assistance concerning the disposal of waste materials, household hazardous waste, and debris containing or consisting of animal carcasses. <input type="checkbox"/> Coordinate with ESF-17 (Animal/Agriculture Emergency Response) for advice and assistance regarding disposal of debris containing or consisting of animal carcasses <input type="checkbox"/> Coordinate with ESF-10 (Hazardous Material) for advice and assistance regarding disposal of hazardous materials to include chemical, biological, and radiological incidents	<b>Lead:</b> EA <b>Supporting:</b> BLWM; BEHS; Bureau of Radiological Health
<input type="checkbox"/> Coordinate and report status of state regulated dams that are threatened or failing and ensure accurate status portrayal in Palmetto.	<b>Lead:</b> Dams War Room <b>Supporting:</b> BOW; BEHS; BLWM

Recovery begins at ESF release from the SEOC or deactivation of the agency ICS, and may extend for years following an event.

<b>RECOVER. ICS and SEOC are deactivated.</b>	
<b>COMMAND, CONTROL AND COORDINATION</b>	
<b>Actions:</b>	<b>Responsibility</b>

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Lead:</b> DHEC Director <b>Supporting:</b> All Agency
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Lead:</b> Bureau of Public Health Preparedness (BPHP) <b>Supporting:</b> Regional PHP
<b>COMMUNICATIONS/ OUTREACH</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> <input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> .	<b>Lead:</b>  <b>Supporting:</b>
<input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<input type="checkbox"/>	<b>Lead:</b>
<input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<b>GENERAL COUNSEL</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Provide legal support and guidance on issues that arise after an emergency. This may include 24 hour support to the ICS Command Group, the Agency Coordinating Center, and/or the State Emergency Operations Center. <input type="checkbox"/> Review or draft any documents or correspondence as required. <input type="checkbox"/> Perform incident command duties as requested or required.	<b>Lead:</b> OGC  <b>Supporting:</b> Clients

<input type="checkbox"/> <input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<b>PUBLIC HEALTH</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/>	<b>Lead:</b> <b>Supporting:</b>
<b>ENVIRONMENTAL AFFAIRS</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Work with any identified needs to participate in the Resource Support Functions established by FEMA <input type="checkbox"/> Work to recover all environmental programs functionality. <input type="checkbox"/> Conduct an After Action Review.	<b>Lead:</b> EA  <b>Supporting:</b> BEHS; BOW; BAQ; BLWM; OCRM
<input type="checkbox"/> Continue to provide guidance to well owners. Expedite well water testing to owners in affected areas, if required.	<b>Lead:</b> BOW
<b>HEALTH REGULATIONS</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<b>FINANCE/ ADMINISTRATION</b>	
<b>Actions:</b>	<b>Responsibility</b>

<input type="checkbox"/> Account for expenditures of SC funds for emergency operations in accordance with SC laws and regulations. <input type="checkbox"/> Recoup costs associated with expenditures if federal funds administered by FEMA become available.	<b>Lead:</b> Chief Financial Officer  <b>Supporting:</b> BPHP, Financial Management
<input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<b>PERSONNEL/ HUMAN RESOURCES</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<b>INFORMATION/ TECHNOLOGY</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<b>PUBLIC HEALTH REGIONAL ACTIVITIES</b>	
<b>Actions:</b>	<b>Responsibility</b>

<input type="checkbox"/> Demobilize shelters and work to discharge all clients <input type="checkbox"/> Return equipment, facilities and staff to normal operations	<b>Lead:</b> Region Nursing Director; Region Health Director <b>Supporting:</b> Region PHP Director; Community Health Services
<input type="checkbox"/> Complete relevant portions of the AAR	<b>Lead:</b> Region PHP Director <b>Supporting:</b> Director of Community Health Services
<b>ESF-8 HEALTH AND MEDICAL</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Compile and maintain records of expenditures and resources used for possible later reimbursement. <input type="checkbox"/> Anticipate and plan for arrival of, and coordination with, Federal personnel represented in the Joint Field Office (JFO). <input type="checkbox"/> Provide ESF-8 representation on the Recovery Task Force. <input type="checkbox"/> Support long-term recovery priorities as identified by the Long-Term Recovery Committee and the Recovery Task Force	<b>Lead:</b> BPHP  <b>Supporting:</b> All
<input type="checkbox"/> Coordinate restoration of essential health and medical care systems. <input type="checkbox"/> Coordinate the restoration of permanent medical facilities to operational status <input type="checkbox"/> Coordinate the restoration of pharmacy services to operational status <input type="checkbox"/> Coordinate support for emergency medical services and medical care infrastructure until local system is self-supporting <input type="checkbox"/> Coordinate emergency pharmacy and laboratory services	<b>Lead:</b> Health Regulations <b>Supporting:</b> BPHP; PHL
<input type="checkbox"/> Continue to support the operations necessary for the identification, registration, certification, and disposition of the deceased and their personal effects <input type="checkbox"/> Receive the required death reports throughout the incident <input type="checkbox"/> Provide a final fatality report	<b>Lead:</b> BPHP <b>Supporting:</b> Vital Statistics
<b>ESF-10 HAZARDOUS MATERIAL</b>	
<b>Actions:</b>	<b>Responsibility</b>

<input type="checkbox"/> Provide ESF-10 representation on the Recovery Task Force <input type="checkbox"/> Work to recover emergency response program to pre-event status. <input type="checkbox"/> Conduct an After Action Review.	<b>Lead:</b> DER  <b>Supporting:</b>
<input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<b>ESF-6 MASS CARE</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Maintain and ensure confidentiality of medical records. <input type="checkbox"/> Deactivate the triage line. <input type="checkbox"/> Close/consolidate shelters as necessary.	<b>Lead:</b> Community Health Services  <b>Supporting:</b> Regional OPHP
<input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<b>ESF-3 PUBLIC WORKS/ INFRASTRUCTURE</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Review guidelines and procedures for improvements.	<b>Lead:</b> EA BOW <b>Supporting:</b> BLWM; BAQ; BEHS
<input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>

## **X. Information Collection, Analysis and Dissemination.**

The ICS Situation Unit within the Planning Section is responsible for collection, analysis and dissemination of incident information. The Situation Unit aggressively seeks incident information to establish a common operating picture for the incident.

Information collection includes:

- The Bureau of Public Health Preparedness develops and maintains Essential Elements of Information (EIs) for various hazards types. These EIs identify the pieces of information necessary to collect and analyze for that hazard type.
- EIs include the priority items of interest to the agency Director and the Incident Commander, which may in turn reflect priority items of interest to the Governor and other public officials.
- At the onset of an incident, the Situation Unit establishes a reporting schedule and notifies primary information sources of reporting expectations.
- Routine calls will be established with identified stakeholders impacted by the event to gather information on response activities.
- The Situation Unit will use all available information sources to gather relevant incident information.

Information Sources include:

- Assessment Reports – Reports from field personnel based on visual assessment and site survey of public health, medical, and environmental facilities and infrastructure.
- Regional Situation Reports – Status of regional operations, impacts and unmet needs.
- Palmetto – State, regional, and county incident reports, activation levels, public closures, operational tasks status, shelter/POD status, etc.
- EZ-Office Inventory – Quantities, types, and locations of response equipment and supplies.
- Inventory Management and Tracking System – Quantities, types and location of pharmaceutical and/or medical supplies.
- Syndromic Surveillance Systems – monitor chief complaint data to help identify events of public health concern.
- SCSERV – Deployable personnel by capability, role and organizational unit.
- Special Medical Needs Shelter Census Reports – Status of special needs shelters, current census of client, caregivers and staff.
- Point of Dispensing throughput and dispensing reports – Status of number of people services, number of regimens dispensed, process times, wait times, and staff.
- Technical Specialist Reports – Narrative reports from subject matter experts with professional intelligence.
- Others – Other sources of information to support establishing and/or maintaining common operating picture; and providing information to support agency leadership in decision making processes.

**Analysis** is critical as part of a response. It establishes a common operating picture and provides ICS leaders with information used to establish incident objectives, prioritize resources, develop tactics, and communicate effectively. Analysis enables leaders to:



- Understand the Incident.
  - Define specific elements and set a framework for the type, scope, severity, and duration of impacts likely to occur.
  - Identify specific health, medical, and/or environmental infrastructure systems and facilities that may be evacuated, severely damaged, or otherwise affected.
  - Identify continuum of care issues that may affect populations.
  - Identify historical information that may provide records of public health, medical and/or environmental impact.
  
- Define the area of operations.
  - Describe the specific areas impacted by the incident.
  - Forecast potential impact of injuries, treatment, and system demands that may result from the incident.
  - Provide a view of the entire healthcare system capacity in the area of operations, including specific medical facilities that have been or may be affected.
  - Portray infrastructure support capacity, equipment and supply capabilities, road and transport availability, and potential contingency resources.
  - Identify unique environmental conditions (e.g. flood plain, dams, etc.).
  
- Identify actual or potential **infrastructure** impacts on public health, medical and environmental systems.
  - Identify key infrastructure and support infrastructure to understand where potential problems may occur.
  - Describe the impacts to the supply chain for public health, medical and/or environmental systems.
  
- Understand the public health, medical, and environmental **systems** in the area of operations.
  - Analyze the public health, medical and/or environmental infrastructure and its current and projected needs to meet the demands of the incident.
  - Analyze current census, status, and patient demographic of the healthcare system capacity within the projected areas of operations.
  - Analyze specific details on the healthcare continuum of care capacity that may have evacuated and/or otherwise not available.
  - Analyze locations where augmented or alternate care systems could be established.

- Maintain situational awareness of regulated environmental infrastructure.
- Identify and forecast impacts of protective actions.
  - Identify what type and where protective actions are occurring.
  - Identify numbers and locations where populations are sheltered and specific vulnerabilities within the sheltered group.
- Forecast and validate resource needs.
  - Project what type of resources and facilities are necessary to complete operational objectives.
  - Identify potential shortfalls/ gaps in resources.
  - Identify internal or external resources available to fill resource gaps.
  - Identify potential recovery actions.

**Information is disseminated** in multiple ways:

- Formal Briefings – A comprehensive written situation report will be provided at incident briefings. These briefings focus on high-level information for leadership and other response partners. These briefings are typically verbal.
- Situation Reports – During each operational period a written summary of situational awareness information is developed with a complete picture of the public health, medical, and/or environmental systems. These reports are distributed widely. Recipients may include:
  - DHEC Executive Leadership Team (ELT).
  - ICS Staff.
  - Agency ESF personnel in the SEOC. Further distribution includes:
    - ESF Partners defined by the State Emergency Operations Plan.
    - Members of the SERT.
    - Federal partner agencies.
    - Extracts are provided to SCEMD Operations for the Daily State Situation Report and SCEMD Plans for the State or Joint Incident Action Plan.
  - Regional Directors/ Administrators.
  - Regional Offices of Public Health Preparedness.
- Ad Hoc Reports – As needed, support response planning and tactics, the Situation Unit will prepare ad hoc reports providing more detail on specific aspects of the response. These reports typically support other parts of the incident management structure.

## **XI. Communications.**

Incident communication are coordinated through the established ICS structure using communications infrastructure and equipment.

- Life-safety, urgent, or sensitive communication should use voice communications.
- Email serves as a voice supplemental method for dissemination of other incident information or for routine communication.

For communication failures during an incident, BPHP, regional OPHPs and the Office of Information Technology maintain redundant and deployable equipment to reestablish communications. These resources are staged throughout the state for immediate deployment. These include cellular, satellite, and various radio systems.

## **XII. Continuity.**

Continuity of Operations Plans (COOP) are a necessary component of emergency planning and operations. The agency COOP plan is Annex A of this document. By policy, state agencies are required to:

- Establish COOP plans and procedures that delineate mission essential functions,
- Specify succession to office and the emergency delegation of authority,
- Provide for the safekeeping of vital records and databases,
- Identify alternate operating facilities,
- Provide for interoperable communications,
- Validate the capability to continue mission essential functions through tests, training, and exercises.

In addition to agency plans, Emergency Support Function personnel develop COOP plans for each ESF. This plan, as a component of the SERT COOP Plan, are published separately and is not available for online access.

While Annex A and the SERT COOP plans are required by policy and serve an essential role in agency preparedness, for DHEC “continuity” extends beyond content and established guidelines governing these documents. For example, in a hurricane event, significant parts of our agency may be directly affected and required to evacuate from coastal areas – effectually executing COOP. Other significant portions of the agency serve in direct response roles governed by this EOP. Still others within DHEC, for example Community Health Services in the Upstate Region, continue serving clients as they would routinely. However, due to response demands, these “routine” operations may become far from normal, as assigned staff and resources may be deployed out of area in support of disaster support operations further eastward. Should significant degradation of service occur in regions not directly affected by an event, ICS reporting and structure will be adjusted to enable capability

assessment, status information and prioritization decision making by agency and ICS senior leaders.

### **XIII. Administration, Logistics and Finance.**

In South Carolina, State level agencies initially fund emergency operations from existing agency accounts. To exceed budget authority for emergency operations, DHEC must have approval by the Department of Administration Executive Budget Office, State Treasurer and Comptroller General or a higher authority (Governor, State Fiscal Accountability Authority, and State Legislature).

If an emergency is significant enough to result in a Presidential Declaration, Federal funds administered by FEMA will become available. To attain these funds, detailed record keeping of expenditures are required. Additional information is found in the SCEOP [Chapter X](#), and [Annex 7](#) of the SCEOP.

#### **Authorization, Documentation and Tracking of Response Actions.**

All incident related costs must be clearly documented and linked to activities or tasks authorized by the agency in designated tracking systems. Depending on the incident, tracking systems may vary. Always include:

- Incident Name
- Description of response action(s) taken
- Resources used
- Justification for any purchases made
- Start date and end date
- Authorizing entity

#### **Processes for Purchasing, Contracting and Travel.**

At the onset of an incident, DHEC's Bureau of Business Management will establish expenditure codes specifically for the incident. These codes will be disseminated to the Incident Management Team and should be utilized for all expenditures related to the incident.

Unless waived by the Agency Director or through an Executive Order, routine processes for purchasing, contracts, and travel must be followed. If specific processes are waived for disaster response, this will be communicated to all incident personnel by Finance and Administration Section. Funds for incident-related expenditures will be encumbered from existing program budgets and will be reimbursed if and when the agency receives reimbursement.

The Bureau of Business Management established modified processes for key financial related activities in emergency situations:

- Emergency Purchases
- Mission Critical Travel
- Emergency Procedures for Purchasing Card (P-Card) Use

### **Personnel Labor Tracking and Payment.**

All personnel labor costs associated with incident response should be documented. Employees will track hours associated with the incident response using the Agency's Personnel Cost Accounting System (PCAS). The Finance/Administration Section (via Bureau of Business Management) will disseminate codes in which employees can code incident-related hours. Supervisors should ensure all hours worked as part of the incident response are document and appropriately coded on PCAS.

Employees who accrue overtime as a result of incident response activities may, or may not be paid for those hours. The Bureau of Human Resources will provide additional instructions and information regarding time accrued over 40 hours.

### **Reporting Incident Related Costs.**

Within 30 days of the end of an incident response or on a timeframe as directed by the Finance/Administration Section, documentation for all incident-related expenses must be collected, regardless of whether the incident is eligible for reimbursement or not. Estimates by regions, bureaus and offices within DHEC may be required throughout the event. When necessary Finance/Administration will request these, and provide due dates and timeline for reoccurring submissions.

The Bureau of Business Management will produce reports based on the incident-specific procurement codes to determine incident related costs to DHEC. Regions, Bureaus, and Offices may be requested to validate incident-related expenses, and provide justification and documentation for expenses. The Bureau of Business Management will work directly with each Region, Bureau, and/or Offices to gather this information.

Justification should reference an approved task/activity. Examples of required documentation include:

- Travel Documents
  - o Mileage log/form
  - o Lodging receipts/invoices
  - o Gasoline receipts

- Vehicle rental receipts/invoices
- Airline ticket or copy of itinerary with fees & total
- Additional baggage fees receipts
- Receipts for authorized special purchases (GPS, repairs, etc.)
- Time/Payroll
  - List of all staff working as part of the response (name, disaster duty, dates/time worked, deployed location and dates)
  - PCAS Reports
  - Sign-in sheets for staff meals
  - Receipts for food/meals including items purchased or entrees ordered with quantities, name of vendor, date and time
- Purchasing Expenses
  - Summary of purchases
  - Copy of Purchase Orders, contracts, or written agreements
  - Copies of receipts and invoices with Resource Tracking meeting
  - Justification for purchase
  - Credit slips
  - Time and/or distance equipment was used
  - Aircraft service documents (includes UAVs)

### **Reimbursement.**

Not all incidents are eligible for reimbursement of emergency response expenses. As it is often not known if there will be an opportunity to seek reimbursement until well into the incident response, DHEC will document emergency response related expenses as if reimbursement were going to be available.

Eligibility for reimbursement opportunities is determined based on the type of incident, specific conditions regarding its impact to the State of South Carolina, and the existence of federal and/or private party funding for the incident. Fund sourcing for emergency response may include:

- The Public Assistance Grant Program, authorized under the Robert T. Stafford Act, requires the state to meet a cost-sharing threshold for emergency response and recovery activities and uninsured losses. Certain costs for government and private not-for-profit entities are reimbursable under the Public Assistance Program. Through an incident may qualify for Public Assistance, each expense is not guaranteed reimbursement. The South Carolina Emergency Management Division is responsible for seeking the Public Assistance for the State.

- Special grant opportunities may be available through federal agencies for certain incidents. In 2009, the DHEC received grant funding for response activities related to the novel H1N1 Influenza Pandemic. This grant funding allowed the department to disseminate funding in order to support response activities. This avenue of incident response funding is rare and should not be expected for most incidents. If future grant funding opportunities for incidents become available, the department will abide by the conditions of the grant for management of financial aspects of the response.
- Direct federal funding is provided for some incidents and special events. This may be in the form of direct access to federal resource and response systems or through reimbursement from a federal agency. This circumstance is rare and would only apply when the federal government has lead authority for the incident response, and state and local authorities are acting in a supporting role. Specific criteria for eligible expenses would be communicated from the federal government and certain state activities such as labor would likely not be covered.
- Responsible party private funding -though rare, some incidents are the fault of private parties, who are legally responsible for costs associated with the incident response.
- The Emergency Management Assistance Compact (EMAC) provides for reimbursement for response activities in support of another state and is authorized through the official EMAC request process by the requesting state. Any DHEC response activities done in support of another state must be requested by the impacted state and authorized by the South Carolina Emergency Management Division. The EMAC process includes a process of estimating and negotiating costs for EMAC missions.

If an incident is eligible for reimbursement, the Bureau of Business Management will complete the necessary reimbursement packages required by the reimbursing authority and submit a package on behalf of DHEC.

Upon receipt of reimbursement funds, Bureau of Business Management will disseminate funds base done programming codes. DHEC will utilize the same processes for distributing disaster reimbursement funds as it does to distribute federal grant funding on a routine basis.

If no funding source exists for response activities, expenses will be the responsibility of the purchasing regions, bureau, and/or office. In this circumstance, response activities would be paid for through existing operational budgets within DHEC. DHEC may submit a supplemental budget request to the legislature to seek funds for these expenses, as deemed appropriate by the Agency Director.

### **Logistical Resource Management.**

DHEC emergency logistics management (which includes management of personnel, pharmaceuticals, equipment, supplies and facilities) is organized to ensure that all functions are executed in a unified manner in order to reduce costs, ensure appropriate support actions, and optimize delivery time.

Logistical procedures for the mobilization, distribution and recovery of resources are maintained in the DHEC Emergency Logistics Standard Operations Procedure, developed and maintained by the Bureau of Public Health Preparedness. (TBP)

Personnel resource management during disasters and emergencies are contained in the DHEC Emergency Personnel Standard Operations Procedure, developed and maintained by the Agency Human Resources. (TBP)

Inventories of tangible goods are maintained in the Department's EZ Office Inventory System which includes resources across the state.

Inventories of pharmaceuticals and medical supplies are maintained and tracked using CDC's Inventory Management and Tracking System (IMATS) which includes resources across the state.

If DHEC resources become exhausted, the Agency maintains contingency contracts and agreements with other state agencies, private vendors, and neighboring states to acquire additional resources.

#### **XIV. Plan Development and Maintenance.**

The Bureau of Public Health Preparedness coordinates, synchronizes, maintains and makes available the current DHEC Emergency Operations Plan, annexes, and appendices. Content remains the responsibility of all bureaus within our agency. As a "living plan," changes and updates to this plan are encouraged at all times, coordinated through and with the Director of Planning within BPHP.

Each Bureau reviews the base plan and relative components of this EOP annually to reflect procedure and capability changes, as well as deficiencies identified for corrective action during training, exercises, or actual events.

Triennially, the Executive Planning Committee will conduct a detailed review, validation, and will coordinate and ensure integration of all changes and updates to this plan. Changes will be presented to the ELT for review and comment, then to the Agency Director for approval and signature. The "date" of the plan will be changed to coincide with this signature and promulgation.



The Bureau of Public Health Preparedness will distribute copies of the DHEC EOP to the Agency Director. Electronic access to the DHEC EOP will also be made available on the Agency SharePoint and/ or website, and will disseminate links to all staff.

This is your plan, your agency, and executed in support of your families and neighbors. All employees are encouraged to provide comments and feedback to BPHP.

## **XV. Authorities and References.**

### **Authorities.**

- South Carolina Code of Regulations, Regulation 58-101 (State Government Preparedness Standards) SC Code Ann. §§25-1-420 and -440
- Executive Order 2017-11 and successor executive orders of the Governor
- Public Health Response Laws, S.C. Code Ann. §§ 44-1-80, 44-1-100, 44-1-110, and 44-1-140
- SC Pollution Control Act, S.C. Code Ann. Section §48-1-50, 48-1-290
- SC Coastal Zone Management Act, Sections 48-39-50 and 48-39-290
- SC Oil and Gas Act, SC Code Ann §48-43-20, -30, and -40.
- SC Safe Drinking Water Act, SC Code Ann §44-55-10 et seq.
- SC Surface Water Withdrawal Act, SC Code Ann §49-4-10 et seq
- SC Hazardous Waste Management Act, SC Code Ann §44-56-50 and 44-56-100.
- SC Solid Waste Management Act, SC Code Ann §44-96-280
- SC Code Regulation 61-112, Emergency Health Powers Act
- SC Atomic Energy and Radiation Control Act, SC Code Ann. §§13-7-40, 13-7-50
- SC Emergency Management Assistance Compact, S.C. Code Ann §25-9-420
- “Maintenance of Peace and Order,” SC Code Ann. §§1-3-410 through -440
- “Additional powers and duties of Governor during declared emergency,” SC Code Ann. §25-1-440
- South Carolina Code of Laws, Title 44, Chapter 4, Article 1; Section 44-4-100 thru 570 (Emergency Health Powers Act)
- South Carolina Emergency Operations Plan ([SCEOP](#)), updated annually

### **References.**

- Developing and Maintaining Emergency Operations Plans, Comprehensive Preparedness Guide (CPG) 101, Version 2.0, Federal Emergency Management Agency, November 2010

## **XVI. Annexes.**

- A. Continuity of Operations (COOP)
  - Appendix 1. Core Functions by Agency Bureau
- B. Incident Command
- C. Emergency Operations Center (EOC) Procedures (TBP)
  - Appendix 1. Palmetto Common Operating Picture (COP) (TBP)
- D. Incident Action Plans (IAPs) and Reports (TBP)
- E. Duty Officer/ On-call Procedures
- F. Federal and State Disaster Preparedness and Response Requirements
- G. Inter-Agency Coordination and Liaison (TBP)
- H. External Communications and Public Information (TBP)
- I. Public Health Orders (TBP)
- J. Quarantine, Isolation and Social Distancing (TBP)
- K. Emergency Dam Operations (TBP)
- L. Hazardous Materials Response
- M. Health Facility Coordination and Evacuation (TBP)
- N. Emergency Medical Service (EMS) Coordination (TBP)
- O. Shelter Operations
- P. Water Quality Disaster Operations (TBP)
- Q. Coastal Program Damage Assessment Operations
- R. Communications Support (TBP)
- S. Personnel Operations During Disaster
  - Appendix 1. Safety
- T. Facility Evacuation, Closures, and Restoration (TBP)
- U. CASPER Operations (TBP)
- V. Disaster Recovery (TBP)
- W. Preparedness Training and Education (TBP)
- X. Supporting Plan and SOP Development (TBP)

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## **I. Introduction.**

The South Carolina Department of Health and Environmental Control's Continuity of Operations (COOP) Plan provides the framework for the Agency to continue and rapidly restore core functions under all threats and conditions, with or without warning, based upon established execution times. This plan is not an emergency response plan. Rather, it is a plan that establishes those day-to-day services that must be continued under all situations.

## **II. Purpose.**

The COOP plan ensures the continuity of South Carolina Department of Health and Environmental Control core functions such as newborn screening, vital statistics, and environmental emergency response. Although the Agency recognizes many important functions, this plan covers only those that are mission and time critical.

An Essential Function (as defined in the *Federal Preparedness Circular 65*) is a function that enables an organization to [Note: DHEC uses the term *Core Function* throughout the COOP plan to describe Essential Functions]:

1. Provide vital or mission-critical services;
2. Exercise civil authority;
3. Maintain the safety of the general public; and/or
4. Sustain the industrial or economic base during an emergency.

## **III. Applicability and Scope.**

The COOP plan is applicable to all Bureaus, Program Areas, and state-owned/leased facilities within the Agency. This plan works in conjunction with all other Agency plans such as the Emergency Operations Plan (EOP) and all other applicable policies and procedures for DHEC.

The COOP strives to map out the restoration of normal operations and failed facilities or equipment with a skeletal crew and minimum resources needed to achieve this task. The focus of planning efforts are based on the "worst-case scenario", which would include the inaccessibility of Agency facilities, unavailability of core personnel, and all resources necessary to support core functions.

## **IV. Assumptions.**

This COOP plan is based upon the following assumptions:

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- DHEC has considered its mission, statutory requirements, and emergency support function roles and has identified core functions and execution times to support these functions;
- DHEC will maintain the capability to implement COOP with or without warning using trained and equipped personnel for any all-hazards event that will disrupt essential functions;
- A Continuity Event will affect DHEC's ability to provide support to clients and external agencies;
- Outside assistance could be interrupted or unavailable;
- Director and/or Executive Leadership Team (ELT) will exercise their authority to implement COOP in a timely manner when confronted with events that disrupt the agency's core functions;
- DHEC must be able provide operational capability within 12 hours of an event and be able to continue essential operations for at least 30 days or until termination of an event;
- A Continuity Event may require the relocation of leadership and continuity personnel to an alternate facility;
- Equipment and software systems may become unavailable which will require continuity personnel to implement manual workaround procedures;
- Situational awareness and dissemination of information will be maintained through defined information sharing processes in coordination with local and state agencies (if available);
- Teleworking may be implemented as an alternate work arrangement during a Continuity Event;
- Resources and funding may be available to implement a comprehensive planning, training, and exercise program to enhance preparedness for any Continuity Event.

## **V. Core Functions.**

Agency core functions are prioritized based on level of criticality following a disruption, and they must be continued under any and all circumstances. **Table A1** shows the levels of criticality that will determine the Agency's responsibilities and core functions.

Core Functions Prioritization	
Level of Criticality	Description

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Critical 1	Must be continued at normal or increased services load. Cannot pause. These functions involve those with the direct and immediate effect on the agency to preserve life, safety and protect property.
Critical 2	Must be continued if at all possible, though perhaps in reduced mode. Pausing completely will have grave consequences. Must be operational within 7 days.
Critical 3	May Pause if forced to do so, but must resume in 30 days or sooner
Critical 4 (Deferrable)	May Pause; resume when conditions permit.

**Table A1, Core Functions Prioritization**

While all core functions are important to the successful completion of the Agency's mission, some are more time-critical than others. During an emergency that requires a COOP activation, some functions will be deferred to accommodate the more urgent functions; all functions will ultimately be continued as Agency business returns to normal operations following the event.

## **VI. Concept of Operations.**

### ***Phase I: Readiness and Preparedness***

DHEC will participate in the full spectrum of readiness and preparedness activities to ensure personnel can continue core functions in an all-hazard/threat environment. DHEC is performing normal public health and environmental activities. No ICS structure is activated.

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<b>Phase 1: Readiness and Preparedness. Normal Conditions. Day-to-day Operations. ICS not activated.</b>	
<b>COMMAND, CONTROL AND COORDINATION</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Provides strategic leadership and overarching policy direction for Agency's Continuity Program. <input type="checkbox"/> Ensure all employees understand their role prior to and during a continuity event. <input type="checkbox"/> Ensures all Bureau components participate in COOP related training and exercises. <input type="checkbox"/> Maintain agreements with supporting agencies and vendors <input type="checkbox"/> Ensures current call-down rosters are maintained. <input type="checkbox"/> Ensures Standard Operating Procedures (SOPs) and supporting documents are developed to support Agency core operations. <input type="checkbox"/> Encourages family emergency plan development to increase personal and family preparedness.	<b>Lead:</b> Executive Leadership Team (ELT); Bureau Chiefs; Division Directors <b>Supporting:</b> Bureau of Public Health Preparedness (BPHP)
<input type="checkbox"/> Pre-identify alternate Agency Coordination Center (ACC), Regional Coordination Centers (RCCs) and Emergency Operation Centers (EOCs). <input type="checkbox"/> Be prepared to activate DHEC ICS and ACC/RCCs/EOCs to support a continuity event.	<b>Lead:</b> BPHP <b>Supporting:</b> All
<b>FINANCE/ ADMINISTRATION</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Pre-identify vulnerable DHEC owned and leased facilities. <input type="checkbox"/> Identify County point-of-contacts for all DHEC-leased facilities.	<b>Lead:</b> Chief Financial Officer <b>Supporting:</b> BPHP; Business Management
<b>BUREAU OF PUBLIC HEALTH PREPAREDNESS</b>	
<b>Actions:</b>	<b>Responsibility</b>

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<input type="checkbox"/> Implement continuity training and exercise program for all employees. <input type="checkbox"/> Reports planning, training, and exercise activities annually to the ELT.	<b>Lead:</b> Training & Exercises; Plans <b>Supporting:</b>
<b>PERSONNEL/ HUMAN RESOURCES</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Work with Policy Review Committee to update/review supporting policies and procedures, to include telework agreement policy and procedures.	<b>Lead:</b> HR <b>Supporting:</b> Policy Review Committee
<b>INFORMATION/ TECHNOLOGY</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Be prepared to support essential records and databases. Review <i>Appendix 3: Essential Records and Systems Management (TBP)</i> .	<b>Lead:</b> IT <b>Supporting:</b> BPHP

***Phase II: Activation and Relocation***

The transition from Phase I to Phase II will occur when an event disrupts normal day-to-day operations of Agency's core functions. All plans, procedures, and schedules to transfer core activities, personnel, records, and equipment to alternate facilities are activated, if required. Depending on the size/complexity of continuity event, Agency ICS is activated to manage continuity event and to ensure continuation of Agency Core Functions.

<b>Phase II: Activation and Relocation. Perform Agency Core Functions ONLY. ICS activated.</b>	
<b>COMMAND, CONTROL AND COORDINATION</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Activate the agency ICS and ACC. <input type="checkbox"/> Determine activation levels and coordinate continuity operations. <input type="checkbox"/> Activate RCC/EOC in affected region. <input type="checkbox"/> Notify State EMD/State Warning Point and ESF-8/10 partners and determine communication plan. <input type="checkbox"/> Be prepared to active RCCs/EOCs in unaffected region. <input checked="" type="checkbox"/> Relocate core functions, records, equipment, and supplies to alternate facility(s), if required.	<b>Lead:</b> ELT; ICS Designated Personnel; Continuity Personnel <b>Supporting:</b> BPHP



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<input type="checkbox"/> Support COOP by providing personnel and technical and/or administrative support based upon the complexity/duration of an event and needs of the Agency. <input type="checkbox"/> Notify and assure staff are on point to perform/expedite core functions.	<b>Lead:</b> Bureau Chiefs; Division Directors <b>Supporting:</b> ICS Designated Personnel
<b>FINANCE/ ADMINISTRATION</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Ensures the primary facility(s) can support the performance of Core Functions. <input type="checkbox"/> Work with the Department of Administration and/or appropriate agencies to obtain office space for reconstitution, if required.	<b>Lead:</b> Chief Financial Officer <b>Supporting:</b> Financial Management; Business Management; ICS Designated Personnel
<b>PERSONNEL/ HUMAN RESOURCES</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Alert and notify non-continuity personnel of Agency's operational status. <input type="checkbox"/> Implement telework policies	<b>Lead:</b> HR <b>Supporting:</b> ICS Designated Personnel; Regions
<b>INFORMATION/ TECHNOLOGY</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Monitor the status of critical IT infrastructure in affected region(s). <input type="checkbox"/> Remove/relocate critical IT servers and equipment to unaffected regions, if necessary.	<b>Lead:</b> IT <b>Supporting:</b> ICS Designated Personnel
<b>PUBLIC HEALTH REGIONAL ACTIVITIES</b>	
<b>Actions:</b>	<b>Responsibility</b>

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<input type="checkbox"/> Suspend non-critical clinical services. Redirect high priority clinical services to unaffected DHEC office(s). Refer to Appendix 1- <i>Core Functions by Agency Bureau</i> . <input type="checkbox"/> Activate Careline to receive incoming calls regarding cancelled appointments. <input type="checkbox"/> Report regional facility damages to ICS leadership.	<b>Lead:</b> Regional Health Directors; Community Health Services <b>Supporting:</b> ICS Designated personnel; Central Appointing/Care Line Coordinator
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***Phase III: Continuity Operations***

The transition from Phase II to Phase III will occur when this COOP plan is activated and DHEC continues to perform its Core functions at the primary or alternate facilities. Agency ICS is activated to manage continuity event and to ensure continuation of Agency Core Functions.

Phase III: Continuity Operations. Maintain Agency Core Functions. ICS activated.	
COMMAND, CONTROL AND COORDINATION	
Actions:	Responsibility
<input type="checkbox"/> Maintain Core Functions at the primary facilities and/or alternate facilities. <input type="checkbox"/> Consults with/advises local, state, and federal officials during a continuity event. <input type="checkbox"/> Begin reconstitution activities. <input type="checkbox"/> Documents continuity activities during activation and ensures records are maintained for future reference.	<b>Lead:</b> ICS Designated Personnel <b>Supporting:</b> Continuity Personnel; BPHP
FINANCE/ ADMINISTRATION	
Actions:	Responsibility

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<input type="checkbox"/> Document and track all expenses incurred during COOP activation, especially those eligible for state or federal reimbursement. <input type="checkbox"/> Coordinate with Department of Administration to identify suitable alternate facility(s), if needed.	<b>Lead:</b> Chief Financial Officer <b>Supporting:</b> Financial Management; Business Management; ICS Designated Personnel
<b>PERSONNEL/ HUMAN RESOURCES</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Disseminate event-specific PCAS codes	<b>Lead:</b> HR <b>Supporting:</b> ICS Designated Personnel
<b>INFORMATION/ TECHNOLOGY</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Maintain critical databases and systems to ensure Core Functions can be sustained. <input type="checkbox"/>	<b>Lead:</b> IT <b>Supporting:</b> ICS Designated Personnel
<b>PUBLIC HEALTH REGIONAL ACTIVITIES</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Maintain critical services at unaffected DHEC facilities. <input type="checkbox"/>	<b>Lead:</b> Regional Health Director <b>Supporting:</b> Community Health Services

***Phase IV: Reconstitution Operations***

The transition from Phase III to Phase IV will occur when the Continuity Event has ended and the decision is made to reconstitute back to normal operations. ICS activation may be necessary to manage Agency transition back to normal operations.

<b>Phase IV: Reconstitution Operations. Transition to Normal Operations.</b>
<b>COMMAND, CONTROL AND COORDINATION</b>

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<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Be prepared to deactivate ICS. <input type="checkbox"/> Decide when to resume normal operations with the primary facility(s) or other facility(s). <input type="checkbox"/> Relocate staff back to primary operating facility(s) or other facility(s), if required.	<b>Lead:</b> <b>Supporting:</b> ICS Designated Personnel; Finance-BBM
<b>FINANCE/ ADMINISTRATION</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Provide a status update of DHEC owned or leased facilities are ready for reconstitution.	<b>Lead:</b> Chief Financial Officer <b>Supporting:</b> Financial Management; Business Management
<b>PERSONNEL/ HUMAN RESOURCES</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Continue to account for continuity and non-continuity personnel. <input type="checkbox"/> Ensure displaced/affected personnel have access to necessary resources to aid with recovery.	<b>Lead:</b> HR <b>Supporting:</b> ICS Designated Personnel
<b>INFORMATION/ TECHNOLOGY</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Maintain essential databases and systems, to include active directory.	<b>Lead:</b>  <b>Supporting:</b>
<input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
<b>REGIONAL ACTIVITIES</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Be prepared to reinstitute non-critical services.	<b>Lead:</b>  <b>Supporting:</b>

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<input type="checkbox"/>	<b>Lead:</b>  <b>Supporting:</b>
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## **VII. Orders of Succession.**

The **Director** holds the authority to activate the plan and provide direction and control during a COOP related event. Should the Director be unavailable; the Agency will implement the Orders of Succession listed in Table A2 to ensure there is no lapse in leadership for the Agency.

Position	Designated Successors
Director	1. Chief of Staff
	2. General Counsel

**Table A2, Orders of Succession for the Director**

**Executive Leadership Team** (ELT) members hold the authority to implement continuity operations as outlined within this plan as determined by the Director. Should an ELT member be unavailable, the Director will implement the Orders of Succession listed in **Table A3**.

Position	Designated Successors
Chief of Staff	1. Senior Director of Legislative Affairs
	2. Chief Communications Officer
Chief Information Officer	1. End User Services Director
	2. Chief Information Security Officer
	3. Enterprise Application Director

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<b>Position</b>	<b>Designated Successors</b>
Director of Health Regulation	1. Chief, Bureau of Health Care Planning and Construction
	2. Chief, Bureau of Health Facilities Licensing
	3. Chief, Bureau of Certification
Director of Public Health	1. Director of Community Health Services
	2. Chief, Bureau of Disease Control / State Epidemiologist
	3. Chief of Staff, Public Health
Director of Environmental Affairs	1. Assistant to Director of Environmental Affairs
	2. Chief, Bureau of Environmental Health Services
	3. Chief, Bureau of Air Quality
Chief Human Resources Officer	1. Assistant Human Resources Director
	2. Director of Programs
	3. Records and Benefits Director
General Counsel	1. Deputy General Counsel
	2. Chief Counsel for Administration
	3. Chief Counsel for Environmental Affairs
Chief Financial Officer	1. Bureau Director, Financial Management
	2. Office Director, Budgets & Financial Planning
	3. Bureau Director, Business Management

**Table A3, Orders of Succession for the Executive Leadership Team**

## **VIII. Delegations of Authority.**

DHEC has identified the levels of authority for personnel assigned to leadership positions listed in the Orders of Succession Section of this plan. Personnel assigned to these positions will be responsible for making policy or operational decisions during a continuity event. The plan also addresses additional personnel assigned to continuity positions.

Generally, pre-determined delegations of administrative authority and/or emergency authority will take effect when normal channels of direction are disrupted. Emergency authority will lapse when individuals are relieved by competent authority.

### **Types of Authority.**

- Administrative Authority: Personnel assigned to leadership positions will retain their day-to-day “administrative authorities” during a continuity event and may be granted additional “administrative and emergency authorities” as approved by the Director, successor or designee to ensure the DHEC’s Core Functions can be maintained during any continuity event. Administrative authority refers to the ability to make policy and legal decisions that have effects beyond the duration of the continuity event (i.e., hiring, employee dismissal, allocation of resources, fiscal decisions) and may or may not expire when the event is over.
- Emergency Authority: Continuity personnel assigned to specific Core Functions will be granted “emergency authorities” upon approval of the Director, successor or designee listed in *Appendix 2 – Orders of Succession / Delegations of Authority by Agency Bureau (TBP)*. Emergency authority refers to the ability to make decisions related to the Continuity Event (i.e., evacuation, relocation, Core Function activities) and in most cases, will expire when the Continuity Event is over.

### **Delegation and Limitations.**

- The Director may delegate “administrative and emergency authorities” to ELT members as outlined within this plan and ensure they are aware of their responsibilities and limitations (duration, extent, and scope).
- ELT members and Bureau Chiefs will ensure all personnel who are given “emergency authorities” are aware of their responsibilities and limitations (duration, extent, and scope) as listed in *Appendix 2 – Orders of Succession / Delegations of Authority by Agency Bureau (TBP)*.
- The Director and ELT members will ensure the Board and all employees are notified whenever Orders of Succession and Delegations of Authority are implemented.

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**Triggers.** Delegations of authority for leadership and continuity positions may be implemented when the person holding the primary position cannot perform their duties for whatever reason, i.e., sickness, vacation, inability to report to work, or temporary assignment.

## **IX. Human Resource Management.**

During a continuity event (any event that makes it impossible for employees to work in their regular environment, or, an event that reduces workforce or agency resources, interrupts utilities or access to agency facilities, or otherwise impairs normal operations and delivery of essential services), designated continuity personnel will be activated by the Director, successor or designee to perform assigned continuity duties for the performance of the Core Functions in *Appendix 1 – Core Functions by Agency Bureau*.

Non-continuity personnel may be placed into a “standby” status or will be assigned to replace or augment the Agency’s continuity personnel during activation of this plan. As a result, DHEC employees are expected to remain in contact with their respective supervisor during a Continuity Event and will remain available to replace or augment continuity personnel, as required. (This is a policy statement and requires review/modification/ approval of the Director and/ or ELT. See A.1100?)

Accountability of personnel will begin upon activation of this plan and continue through completion of Phase IV - Reconstitution Operations. The ELT, Bureau Chiefs, and ICS leadership will account for all employees and submit status reports at designated intervals as outlined in the Information, Analysis, and Dissemination Section of this plan.

The Bureau Chiefs and/or ICS leadership will ensure all employees are kept up-to-date regarding the operational status of the Agency and will provide guidance through the use of:

- E-mail (work and personal)
- Dashboard/Intranet
- Call Down Lists
- Social Media

## **X. Information, Collection, Analysis, and Dissemination.**



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DHEC will gather, analyze, and disseminate information through coordination with other local, state, and federal agencies upon activation of this plan. Information will be collected and disseminated through meetings and/or the use of communication systems and incident management software systems. Personnel will document COOP related information in DHEC Palmetto, WebEOC or through other processes. Dissemination of information to the public will be coordinated through DHEC Media Relations. Confidentiality and legal restraints will be determined by the Office of General Counsel.

Each bureau within DHEC will ensure the COOP related information is provided to ICS in a timely manner to maintain a common operating picture throughout an event. While specific incidents may create additional or specialized reporting requirements, the information listed in **Table A4** will be collected and reported regardless of incident type.

Information Element	Specific Requirement	Responsible Element	Deliverables	When Needed	Distribution
Plan Activation/ Deactivation	Notify employees and supporting agencies when plan is activated.	<ul style="list-style-type: none"> <li>• Director</li> <li>• ELT</li> <li>• ACC/RCCs/EOCs</li> </ul>	Notification through E-mail, CodeRed, Palmetto /WebEOC, or telephone.	Within 4 hours of activation/ deactivation and/or as determined by the Director/ELT.	<ul style="list-style-type: none"> <li>• All Employees</li> <li>• Supporting Agencies</li> <li>• SCEMD/State Warning Point</li> </ul>
Personnel Accountability	Account for all employees.	<ul style="list-style-type: none"> <li>• Director</li> <li>• ELT</li> <li>• Division Directors</li> <li>• Regional Directors</li> <li>• HR Personnel</li> </ul>	Situation reports through meetings, conference calls, and Palmetto/ WebEOC.	Within 8 hours of activation and/or as determined by the Director/ELT.	<ul style="list-style-type: none"> <li>• ACC/RCCs/EOCs</li> </ul>
Operational Status	Percent of personnel that have arrived at alternate facilities (if relocated) and ability to conduct core functions.	<ul style="list-style-type: none"> <li>• Bureau Chiefs/Division Directors</li> <li>• ICS</li> </ul>	Situation reports through email, meetings, conference calls, and Palmetto/ WebEOC.	No later than 12 hours after activation and/or as determined by the Director/ELT.	<ul style="list-style-type: none"> <li>• Director</li> <li>• ELT</li> <li>• All Employees</li> <li>• Supporting Agencies</li> <li>• ICS</li> </ul>

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Hazard Information	Threat details specific to primary and alternate facility(s).	<ul style="list-style-type: none"><li>• ACC/RCCs/EOCs</li></ul>	Situation reports through email, meetings, conference calls, and Palmetto/WebEOC Activity Log.	Once per day and/or as determined by the Director.	<ul style="list-style-type: none"><li>• Director</li><li>• ELT</li><li>• ICS</li></ul>
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**Table A4, Disseminating Continuity of Operations Event Related Information**

## **XI. Interoperable Communications.**

DHEC has interoperable communications and redundant means of communications including:

- Cell Phone
- Satellite Telephone
- Amateur Radio Operators with UHF, VHF, and HF radio capabilities
- South Carolina Emergency Communications Network Telephone
- 800 MHz Radio systems on the Palmetto 800 systems
- Email, WebEOC (or Palmetto), and other internet-based systems

800 MHz radio systems will provide interoperable communications in the event of the loss of other means. This system provides the ability to communicate within and outside the organization, however the number of units available is severely limited and will most likely provide limited communications only.

## **XII. Tests, Training, and Exercises**

Personnel will participate in training as outlined in *Table A5* to ensure they are aware of their continuity responsibilities and can implement COOP as outlined within this plan.

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<b>Audience</b>	<b>Training Topics</b>	<b>Individual to Provide Training</b>	<b>Frequency</b>
Bureau Chiefs/Division Directors	Continuity Training: Training must address individual and leadership responsibilities and include a detailed overview of the Agency's COOP Plan. Refer to Agency MYTEP.	BPHP	Annually or when significant plan changes occur
	FEMA Continuity of Operations Training: IS 546.a: COOP Awareness Course, IS 547.a: Introduction to COOP, IS 545: Reconstitution Planning Workshop. Training is available online at <a href="http://training.fema.gov/IS/">http://training.fema.gov/IS/</a>	Online Independent Study	
Continuity Personnel	Continuity Training: Training must address continuity responsibilities and include a detailed overview of the Agency's COOP Plan.	BPHP	Annually or when significant plan changes occur
	FEMA Continuity of Operations Training: IS 546.a: COOP Awareness Course, IS 547.a: Introduction to COOP. Training is available online at <a href="http://training.fema.gov/IS/">http://training.fema.gov/IS/</a>	Online Independent Study	
All Employees	Continuity Awareness Training: Training must address individual responsibilities, development of a family support plan, and include a general overview of the Agency's COOP Plan.	BPHP	Annually or when significant plan changes occur

**Table A5, Continuity of Operations Training Schedule**

### **XIII. Plan Development and Maintenance.**

This COOP Plan will be distributed, in whole or part, to personnel who have a continuity role within the Agency and supporting agencies to promote information sharing and facilitate a coordinated inter-organization continuity effort. Copies of this plan may be distributed via hard copy, electronic copy, or by posting on internal websites.

The Bureau of Public Health Preparedness will maintain DHEC's COOP Plan as outlined in ***Table A6:***

- This plan will be updated or modified when there are significant organizational or procedural changes and/or when other events occur that will impact continuity personnel, systems, essential records, and processes. Recommended changes will be submitted through BPHP for publication and distribution;
- BPHP will track and distribute any needed changes to this plan using the Record of Changes and Distribution List when changes/updates are required outside the official cycle of plan review, coordination, and update;
- Documentation of annual reviews and revisions to this plan will be maintained on file by BPHP. Documentation should include, at a minimum, the date of the change, a description of the change with page/section number, and the name and title of the person who made the change.

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Activity	Task	Responsibility	Frequency
Maintain Contact Information	Confirm and update the contact information for the Director, ELT, continuity personnel, and key personnel from supporting agencies.	Lead: BPHP Support: All	Quarterly
Review/Update COOP Plan	<ul style="list-style-type: none"><li>• Review entire plan for accuracy and compliance with the most recent authorities;</li><li>• Update the plan to reflect organizational changes within the agency or changes to core functions and/or supporting agencies;</li><li>• Incorporate lesson learned and changes in policy or procedures.</li></ul>	Lead: BPHP Support: DHEC Planning Group	Triennially or when changes are needed based upon exercises, real-world events, organization changes, or as required by local, state or federal authorities.

**Table A6, Continuity Plan Maintenance Schedule**

## **XIV. Authorities and References.**

### **Authorities.**

- South Carolina Code of Regulations, Regulation 58-101 (State Government Preparedness Standards).
- South Carolina Code of Laws, Title 44, Chapter 4, Article 1; Section 44-4-100 thru 570 (Emergency Health Powers Act).
- South Carolina Emergency Operations Plan, dated April 2017.
- Executive Order 2017-11 and successor executive orders of the Governor
- Public Health Response Laws, S.C. Code Ann. §§ 44-1-80, 44-1-100, 44-1-110, and 44-1-140
- “Additional powers and duties of Governor during declared emergency,” SC Code Ann. §25-1-440

### **References.**

- Virginia Department of Emergency Management Continuity Plan Template, November 2011, Version 4.0.
- Continuity Guidance Circular 1 (CGC 1); Continuity Guidance for Non-Federal Entities, Federal Emergency Management Agency, July 2013.
- Continuity Guidance Circular 2 (CGC 2) Continuity Guidance for Non-Federal Entities: Mission Essential Functions Identification Process, Federal Emergency Management Agency, October 2013.
- Developing and Maintaining Emergency Operations Plans, Comprehensive Preparedness Guide (CPG) 101, Version 2.0, Federal Emergency Management Agency, November 2010.

## **XV. Appendices**

1. Core Functions by Agency Bureau
2. Orders of Succession/Delegations of Authority by Agency Bureau (TBP)
3. Essential Records and Systems Management (TBP)
4. COOP Plan Activation Matrix (TBP)
5. Alternate Facilities (TBP)
6. Definitions and Acronyms (TBP)
7. SERT (ESF 8/10) COOP Plan (TBP)

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<b>Level of Criticality</b>	<b>Description</b>
Critical 1	Must be continued at normal or increased services load. Cannot pause. These functions involve those with the direct and immediate effect on the agency to preserve life, safety and protect property.
Critical 2	Must be continued if at all possible, though perhaps in reduced mode. Pausing completely will have grave consequences. Must be operational within 7 days.
Critical 3	May Pause if forced to do so, but must resume in 30 days or sooner
Critical 4 (Deferrable)	May Pause; resume when conditions permit.

	<b>Bureau</b>	<b>Core Function</b>	<b>Criticality Level</b>
<b>Human Resources</b>	Payroll	Payroll	1
	Class & Comp	Classification & Compensation	1
	Records	Records	1
	Employee Relations	Employee Relations	3
	Staff Training & Development	Staff Development	Deferrable
	Recruitment & Talent	Talent & Recruitment	Deferrable
<b>Health Regulations</b>	Health Facilities Licensing	Emergency Operations Staffing	1
		Event-related Complaint Intake and Investigation	2
		Event-related Inspections	2
		Mail/fax processing	Deferrable
		Invoice and Collect Payments	Deferrable
	EMS & Trauma	Emergency Operations Staffing	1
		Licensure of EMS Services	2
		Inspections	Deferrable
		Complaint Intake and Investigations	Deferrable
		Review of Protocols	Deferrable
	Certification	Data Collection	Deferrable
		Event-related Complaints	1
		Phone/mail coverage	2
		Recertification Surveys	Deferrable
		Survey Packet Processing	Deferrable
	Radiological Health	Radiological Emergency Response	1
		Shielding Plans/Facility Registration Approval	Deferrable
		X-ray Inspections	Deferrable

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**(Core Functions by Agency Bureau)**  
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	Bureau	Core Function	Criticality Level
<b>Finance</b>	Project Management	N/A	N/A
	Patient Billing	Primary Insurance Claim Filing	Deferrable
		Secondary Claim Filing	Deferrable
		Clearinghouse	Deferrable
		EOB Matching	Deferrable
		Write Offs	Deferrable
		Settlements with Insurers	Deferrable
	Financial Mgmt – Accounts Receivable	Process check payments/Credit Cards	2
		Depositing checks	2
		Uploading private pay	2
		Submitting deposits to treasurer's office	2
		Process ACH payments	2
		Approval of documents	2
	Financial Mgmt – Accounts Payable	Invoice Payments	2
		Direct Pay payments	2
		Travel vouchers/Hotel vouchers	2
		Mailing checks	2
		Process incoming mail	2
		Approval of documents	2
	Financial Mgmt – Cost Accounting	WIC Draws	1
		Federal Draws	3
	Financial Mgmt – Payroll	Payroll Comparison Report	1
	Financial Mgmt – Budgets	Move finance resources	1
	Financial Mgmt – General Ledger	Emergency PCAS Setup (event-related)	1
		PCAS Setup (routine)	2
	Facilities Management	Restoring Building Functionality	1
		Maintain Building/Contents Security	1
		Work with Directors to relocate offices	3
	Procurement	Emergency Procurement (event-related)	1
		Procurement (routine)	3
	Support Services	CO Mail Center	3
		Fleet Management	3
		CO Copy Center	3
	Contracts	Emergency Contracts (event-related)	1
		Contract Management (routine)	2



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	Bureau	Core Function	Criticality Level
Public Health	Chronic Disease & Injury Prevention – Cancer Division	Medical Prior Authorizations	2
		Medical Claims Processing	2
		Medical Contracts	3
		Patient Navigation	3
	Chronic Disease & Injury Prevention – Child Passenger Safety	Child Safety Seat Installations	3
	Chronic Disease & Injury Prevention - Health Promotion and Wellness	Partner contracts	3
		Grants Management	Deferrable
	Communicable Disease Prevention & Control - DADE	SCION (electronic disease surveillance system)	1
		Health Alert Network (HAN)	1
		SC List of Conditions	Deferrable* (List required Jan 1)
		Epi & Lab Capacity (ELC) Grant	3
		Medical & Epidemiologic Consultation	1
		HIDA Report	Deferrable* (Semiannual reporting required)
		Outbreak Response	1
		TB Disease Isolation and Management	1
	Communicable Disease Prevention & Control – Immunization & Prevention	Vaccine Management	1
		Clinical Consultation	1
		IIS	2
		Ancillary Supplies (SNS)	1
		Provider Enrollments	1
	Community Health Services	Central Appointing/Careline	2
		Interpreter/Translation Services	3
		Q Flow	Deferrable
		ACC Support	1
		SMNS Triage Line	1
		Emergency Issuance of Standing	2
		Addressing Practice Issues (Nursing)	1
		Addressing Practice Issues (Social Work)	1
		Personnel Coordination Issues	3
		Procurements	3
		Shortage Designation Coordination	3
		National Health Service Corps Liaison	3
		J-1 Visa Coordination	3

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	Bureau	Core Function	Criticality Level
Public Health	Community Health Services – Vital Statistics	VRSIIS System Functionality	1
		Registration: Birth & Death	2
		Issuance: Birth & Death Cert. (Last 12 months)	2
	Public Health Preparedness	Public Health Emergency Response Coordination	1
		Public Health Emergency Response Planning	1
		Grants Management	Deferrable*
	Health Improvement Equity	Behavioral Risk Factor Surveillance System (BRFSS)	Deferrable
		Pregnancy Risk Assessment Monitoring System (PRAMS)	Deferrable
		Childhood Lead Screening Registry	Deferrable
		Birth Defects Registry	Deferrable
		Cancer Registry	Deferrable
		Administration	Deferrable
		MDStarNet	Deferrable
	Maternal Child Health (MCH)	Grants Management	Deferrable*
	MCH- WIC	WIC Certification	3
		WIC Voucher Issuance	3
	MCH-Children and Youth with Special Health Care Needs	Provision of blood factor for Hemophilia Program	1
	MCH- Children's Health and Perinatal Services	Critical Lead Test Results	2
		NBS Medical Follow up (specialists)	1
		NBS/Sickle Cell Notification	3
		Metabolic Food Program	2
		Abstinence Only Program	3
		Perinatal Regionalization	3
		Newborn Hearing Screening	3
	MCH - Women's Health	PREP Invoice Processing	Deferrable
		RPE Invoice Processing	Deferrable
		Title X Sterilization Program TA	Deferrable
		Title X Sterilization Invoice Processing	Deferrable
		Title X Program Consultation/Mgmt	3
	Public Health Laboratory * (Core functions prioritized in accordance with APHL guidance)	Chemical Toxins and Metabolites	1
		Newborn Screening Testing	1
		Bacterial - Tuberculosis	1
		Bacterial - Enteric Diseases	1
		Viral - Influenza	1
		Viral - Encephalitis	1
		Viral - Rabies	1

**Appendix 1**  
**(Core Functions by Agency Bureau)**  
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	Bureau	Core Function	Criticality Level
Environmental Affairs	Air Quality	Technical assistance/guidance to counties/municipalities in establishing burn sites debris generated (vegetative and manmade including asbestos containing material) after a disaster	2
		Technical assistance/guidance in reference to types and quantities of air emissions that can be allowed from permitted sources and emission units at facilities during a significant release scenario	2
		Technical assistance/guidance to regulated facilities regarding permitting procedures for reconstruction activities after a disaster	Deferrable
		Technical assistance/guidance to facilities regarding restart of facility processes and activities after a disaster	2
		Technical assistance/ guidance to the general public as well as regulated facilities concerning air quality in impacted areas in the aftermath of a disaster	2
	Environmental Health Services (EHS) – Air Quality Analysis	Ambient Air Monitoring (Field Functions)	2
		Ambient Air Monitoring (Air Toxics)	2
		Ambient Air Monitoring (Data Handling Section)	2
	EHS - Analytical and Radiological Environmental Services	Drinking water sample analysis	2
		Milk/Dairy sample analysis	2
		Emergency wastewater sample analysis	2
		Sample receiving and sample container distribution	2
	EHS - Emergency Response	Respond to environmental emergencies throughout the State. (Activity involves Central Office Duty Officer (CODO), Chem R-1 Responder, Rad R-1 Responder and 13 Regional On Scene Coordinators (ROSC))	1
		Shadow spent nuclear fuel shipments into and through the State	3
		Support sampling operations in support of chemical and radiological releases or abandoned wastes	2
		Activate and support the Disaster Coordination Team (DCT)	2

**Appendix 1**  
**(Core Functions by Agency Bureau)**  
**to the SC Department of Health and Environmental Control Continuity of Operations Plan**

	Bureau	Core Function	Criticality Level
Environmental Affairs	EHS – Food and Lead Assessments	Dairy sampling	1
		Dairy Inspections	1
		Foodborne illness outbreak responses	1
		Food Protection inspection support to regions	2
		Manufactured Food Plant sampling	2
		Manufactured Food Plant inspections	2
		Elevated Blood Lead (EBL) environmental investigations	3
		Food staff audits and standardization	Deferrable
	EHS - Onsite Wastewater, Rabies Prevention and Enforcement (OSWW)	Animal Bite/Rabies responses	1
		Vector/Mosquito trapping and Sampling	1
		OSWW site evaluation support to regions	3
		Enforcement	3
		OSWW contractor licensing	Deferrable
		OSWW pumper/hauler licensing	Deferrable
		OSWW tank manufacture licensing	Deferrable
		OSWW audits	Deferrable
	EHS - Environmental Laboratory Certification	Providing lists of certified laboratories who perform environmental analyses	2
		Maintain Customer service phone calls/email help line: <a href="mailto:labcerthelp@dhec.gov">labcerthelp@dhec.gov</a>	2
		Applications/Renewals	3
		Lab Evaluations	3
	Water	Water Quality Certifications	Deferrable
		Nav Waters Construction Permitting	Deferrable
		319 Grants Programs	Deferrable
		Total Maximum Daily Loads	Deferrable
		State Revolving Fund	3
		Wastewater Plant Permitting	3
		Drinking Water System Inspections	2
		Drinking Water Source & Treatment Permitting	3
		Drinking Water Line and Sewer Line Permitting	3
		Drinking Water Compliance Monitoring	3
		Drinking Water Technical Assistance	3
		Drinking Water and Recreational Waters Enforcement	3
		Recreational Waters Permitting	3
		Recreational Waters Compliance	3
		Stormwater Permitting	3
		Dam Safety Permitting	3
		Dam Safety Inspections	2
		Water Withdrawal Permitting	Deferrable

**Appendix 1**  
**(Core Functions by Agency Bureau)**  
**to the SC Department of Health and Environmental Control Continuity of Operations Plan**

	Bureau	Core Function	Criticality Level
<b>Environmental Affairs</b>	Land & Waste Management	Technical assistance/guidance to counties/municipalities in establishing disposal sites for disaster debris	2
		Technical assistance/guidance for safe handling of Radioactive or Infectious Waste during an emergency or significant release	2
		Technical assistance/guidance to regulated facilities regarding Hazardous Waste handling during an emergency or significant release	2
		Provide permitting support and technical assistance to UST facilities	2
		Provide technical assistance and/or response (using contractor support) concerning uncontrolled hazardous releases to the environment	2
	Ocean & Coastal Resource Management	Critical Area Permitting	2
		Compliance and Enforcement	3
		Coastal Zone Consistency Certifications	2
		State/Local Comprehensive Beach Mgmt Planning Asst	Deferrable
		Preliminary Damage Assessment	1
	Administration	Issuance of Emergency Orders/Repairs/Auth.	1
		Department of Energy (DOE) Communication	2
		Criminal Investigations	3
		Community Engagement	2
		Provide support to EA Bureaus	2
		Access to EA Vehicles	2
		Personnel	2
		Procurement	1
<b>General Counsel</b>	General Counsel	Legal advice to emergency operations activities, enforcement, and other divisions on matters denoted as urgent; representing DHEC in urgent litigation related to the emergency.	1
		Representing DHEC in urgent litigation not related to the emergency.	1
		Monitoring, reviewing, and responding to incoming correspondence and legal documents related to new/existing litigation.	1
		Filing for continuances in new/existing non-urgent litigation.	2
		Providing general legal advice to DHEC program	3
	Compliance	Compliance/Privacy	Deferrable
	Internal Audits	Perform Audits	Deferrable
		Fraud, Waste & Abuse Hotline	Deferrable

**Appendix 1**  
**(Core Functions by Agency Bureau)**  
**to the SC Department of Health and Environmental Control Continuity of Operations Plan**

	Bureau	Core Function	Criticality Level
<b>Information Technology</b>		Agency IT Operations	1
		Email	1
		Procurement of IT contractual services and equipment	2
		IT Approval	2
		Data and File Sharing	1
		Infrastructure Services and Monitoring	1
		IT Requests and Issues	2
	Information Security	Security	1
		Developer Framework	2
		Health Systems and Supporting Environment	2
		Environmental Systems and Supporting Environment	2
		Administration Systems and Supporting Environment	2
		Spatial Data and GIS Environment	2
		Relational Databases	1
		Asset Management	2
		Electronic Document Management (EDM)	1
	End User Support	End User Support	2
		Agency Web Content	2
<b>Chief of Staff</b>	Communications & Public Affairs - Media Relations	Sharing information with the media	1
	Communications & Public Affairs - Outreach	Sharing information with stakeholders and maintaining agency web site	1
	Communications & Public Affairs - Creative Services	Developing forms and educational material for the agency	1
	Communications & Public Affairs - Constituent Services	Answer questions from the general public	1
	Freedom of Information	Managing the FOI Office and oversee the production of FOIA requests	1
		Ensuring FOIA staff are responsive on requests.	3
	Legislative Services	Develop and share information with elected officials	1
	Special Projects	N/A	N/A
	Strategy & Continuous Improvement	N/A	N/A

**Appendix 2**  
**(Orders of Succession/Delegations of Authority by Agency Bureau )**  
**to the SC Department of Health and Environmental Control Continuity of Operations Plan**

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**PLACEHOLDER**

**Appendix 3**  
**(Essential Records and Systems Management)**  
**to the SC Department of Health and Environmental Control Continuity of Operations Plan**

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**PLACEHOLDER**



**Appendix 4**  
**(COOP Plan Activation Matrix)**  
**to the SC Department of Health and Environmental Control Continuity of Operations Plan**

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**PLACEHOLDER**

**Appendix 5**  
**(Alternate Facilities)**  
**to the SC Department of Health and Environmental Control Continuity of Operations Plan**

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**PLACEHOLDER**

**Appendix 6**  
**(Definitions and Acronyms)**  
**to the SC Department of Health and Environmental Control Continuity of Operations Plan**

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**PLACEHOLDER**

**Appendix 7**  
**(SERT (ESF-8/10) COOP Plan)**  
**to the SC Department of Health and Environmental Control Continuity of Operations Plan**

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**I. Continuity/alternate location maps.**

**ESF-8 Health/Medical Services**

Primary Site: State Emergency Operations Center  
2779 Fish Hatchery Rd.  
West Columbia, SC 29172

Alternate Location 1: Department of Public Safety  
Blythewood Campus  
10311 Wilson Blvd.  
Blythewood, SC 29016

Alternate Location 2: SCARNG, Clark's Hill Training Site  
Kay Waldrop Way  
Plum Branch, SC 29845

**ESF-10 Hazardous Materials**

Primary Site: State Emergency Operations Center  
2779 Fish Hatchery Rd.  
West Columbia, SC 29172

Alternate Location 1: Department of Public Safety  
Blythewood Campus  
10311 Wilson Blvd.  
Blythewood, SC 29016

Alternate Location 2: SCARNG, Clark's Hill Training Site  
Kay Waldrop Way  
Plum Branch, SC 29845

The South Carolina Department of Health and Environmental Control (DHEC) recognize that normal operations may be disrupted and there may be a need to perform ESF-specific activities at continuity/alternate locations. Continuity/alternate locations are located in Attachment A.

## **II. ESF Mission Essential Functions.**

This Continuity of Operations (COOP) Plan is based on DHEC's ESF responsibilities in support of its role as the primary agency for the following Emergency Support Functions (ESFs): ESF-8, Health/Medical Services and ESF-10, Hazardous Materials. This plan solely addresses action by the Agency in response to ESF-8 and -10 issues and does not address actions being taken by the Agency to address other emergency support and recovery activities. The plan serves as an operational guide to facilitate the relocation of ESF -8 and -10 personnel to a continuity/alternate location and the backup of critical systems and vital records so mission essential functions may continue. The level and manner of support needed to continue mission essential functions is dependent upon the nature of an event. A listing of ESF -8 and -10 mission essential functions is included in Attachment B. For each mission essential function identified, the list also includes personnel required to execute the function, the level of priority assigned to each function, and the frequency associated with the function. [Note: SC EMD uses the term *Mission Essential Functions* throughout this Appendix to describe Core Functions]

### **A. Mission Essential Functions Supporting Elements**

#### **1. Vital Software**

Vital software includes specific software requirements to re-establish a mission essential function. Vital software requirements are listed in Attachment B.

#### **2. Vital Equipment**

Vital equipment includes specific equipment required to re-establish a mission essential function. Vital equipment requirements are listed in Attachment B.

#### **3. Vital Files, Records and Databases**

Vital files, records, and databases include specific files, records, and databases required to re-establish a mission essential function. Vital files, records, and database requirements are listed in Attachment B.

#### **4. Internal Call List/Staff Roster**

The internal call list/staff roster contains the names and contact information for persons that will be contacted should DHEC experience a situation that would cause a major disruption to DHEC functions or where the agency

**Appendix 7**  
**(SERT (ESF-8/10) COOP Plan)**  
**to the SC Department of Health and Environmental Control Continuity of Operations Plan**

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may have to resume operations at a continuity/alternate location. The internal call list/staff roster is located in Attachment C.

5. External Call List/Vendors

The external call list contains the names and contact information for persons and outside vendors that may need to be contacted should DHEC experience a situation that would cause a major disruption to services and where the agency may have to resume operations in a continuity/alternate location. External contacts are those critical vendors that supply equipment, software, or agency services. The external call list/vendors list is located in Attachment B.

### **III. Orders of Succession and Delegations of Authority.**

DHEC has identified successors and delegations of authority for representing policy determinations and decisions in its role as the lead agency for ESF-8 and ESF-10. All such delegations of authority specify what the authority covers, what limits have been placed upon exercising it, which successor will have the authority, and under what circumstances, if any, the authority may be delegated.

A. Orders of Succession for ESF-8

**Primary:** ESF-8 Lead

**Alternate 1:** Whitney Cofield, Planner, Bureau of Public Health Preparedness

**Alternate 2:** Dave Harbison, Director of Planning, Bureau of Public Health Preparedness

**Alternate 3:** Jamie Blair, Operations Director, Bureau of Public Health Preparedness

B. Orders of Succession for ESF-10

**Primary:** ESF-10 Lead

**Alternate 1:** Paul Lee, Manager, ERS

**Alternate 2:** Anu Nair-Gimmi, Manager, NREES

**Alternate 3:** Chris Staton, Director, Division of Emergency Response

C. Delegations of Authority

Delegations of authority ensure rapid response to an emergency situation that may require policy determinations and decisions during difficult circumstances. In preparation for emergency events, DHEC has:

**Appendix 7**  
**(SERT (ESF-8/10) COOP Plan)**  
**to the SC Department of Health and Environmental Control Continuity of Operations Plan**

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1. Identified which authorities can and should be delegated.
2. Described the circumstances under which the authority would be exercised, including when delegations would become effective and terminate.
3. Identified limitations of the delegation.
4. Documented to whom authority should be delegated.

**ESF 8 – Health/Medical Services**

Authority	Position Holding Authority	Triggering Conditions	Procedures	Limitations
Overall authority for the ESF	ESF-8 lead	COOP event	SOPs	None

**ESF 10 – Hazardous Materials**

Authority	Position Holding Authority	Triggering Conditions	Procedures	Limitations
Overall authority for the ESF	ESF-10 lead	COOP event	SOPs	None

Delegations of authority for DHEC will be activated when the incumbent is not available during a COOP event. The delegated individual will be relieved of his/her authority once the incumbent becomes available. An individual exercising the authority of a successor will keep a record of important actions taken and the period during which the authority is exercised.

DHEC has determined that authorities will be delegated following the established lines of succession.

#### **IV. COOP Implementation.**

Once a state of emergency is declared, or a major disruption to DHEC functions occurs, “COOP implementation” begins. The concept of operations, located in the South Carolina Emergency Management Division (SCEMD) COOP Plan, describes the three phases of COOP implementation: activation and relocation (alert and notification), continuity/alternate facility operations and reconstitution. A COOP implementation checklist is located in Attachment D. This checklist details the specific tasks to be assigned during the activation and relocation, continuity/alternate facility operations and reconstitution phases.

**Annex B**  
**(Incident Command)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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## **I. Introduction.**

DHEC responds to incidents using a modified Incident Command Structure (ICS) that is largely consistent with the framework established by the National Incident Management System. Due to the unique functions, positions within, and responsibilities some traditional ICS naming is modified to clearly articulate the functions performed. Whenever feasible, ICS will closely mirror regular structure, authorities and responsibilities within the agency to the maximum extent possible. However, when DHEC is responding as part of a larger response across the state or as an Agency, day to day operations and reporting structures are modified.

## **II. Purpose.**

This annex outlines the DHEC incident command structure and reporting mechanisms to effectively command, control, and report information to maintain situational awareness to enable delivering emergency environmental and health services to the citizens and visitors in the event of either a man-made or natural disaster, or other threats to public health and wellbeing. The DHEC ICS generates unity of effort by coordinating the activities across the Agency to achieve common objectives relating to the incident response.

## **III. Scope.**

The scope of this annex pertains to DHEC's organizational structure during incident response. The ICS structure is applicable for large scale response activities when two or more DHEC Regions are involved in the response. DHEC Regions can also activate ICS when an environmental or health services risk requires detailed coordination and control and the region is responding autonomously.

ICS is activated when any of the following triggers occur:

- The Agency Director decides that an ICS is best suited to command, control and report information to maintain situational awareness to an environmental or health related incident.
- At the direction of the State Health Officer in anticipation of or in response to an emerging risk to the public health or medical system that has the potential to require DHEC support or coordination to effectively respond.
- At the direction of the State Health Officer when issuing a Public Health Emergency impacting the State of South Carolina.



**Annex B**  
**(Incident Command)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

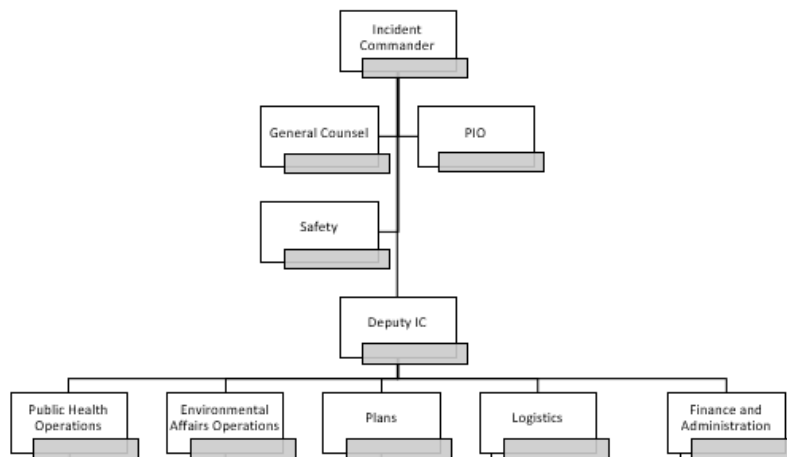
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- An incident response that effects 2 or more DHEC Regions and requires detailed coordination and resource allocation.
- At the direction of a Region Health Director or Medical Officer in anticipation of or in response to an emerging risk to public health or medical system that requires regional coordination and asset allocation across the region.

#### **IV. Roles and Responsibilities.**

The DHEC ICS structure enables the unity of effort, capability integration to achieve shared goals through command and coordination, communications and information management and resource management. DHEC ICS structural organization facilitates activities in five major functional areas: command, operations, planning, logistics, and finance and administration.

Below is the command and general staff structure DHEC uses for large scale incident response or those requiring detailed command, control, and coordination among 2 or more Regions. Unique to DHEC, the ICS structure can incorporate 2 Operations Sections, Public Health Operations and Environmental Affairs Operations, as part of the General Staff. This is required in recognition of the broad responsibilities and authorities the Agency has under South Carolina statutes.



The Command Element is comprised of the Incident Commander, Deputy Incident Commander, General Counsel, Public Information Officer, and Safety Officer. Additional Technical Advisors may be added to the Command Element depending

**Annex B**  
**(Incident Command)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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upon the nature of the incident response. The IC has the authority to set response objectives, is responsible for outcomes, and approves the Incident Action Plan.

The General Staff is comprised with the Public Health Operations, Environmental Affairs Operations, Plans, Logistics, and Finance and Administration. Each General Staff Section is led by a “Chief” who is responsible for determining their staffing requirements and establishing priorities within their respective section based on guidance from the IC. Specific responsibilities of the sections are:

Public Health Operations – responsible for all Public Health incident related activities during the assigned operational period under authority of the IC.

Environmental Affairs Operations – responsible all Environmental Affairs incident related activities during the assigned operational period under authority of the IC.

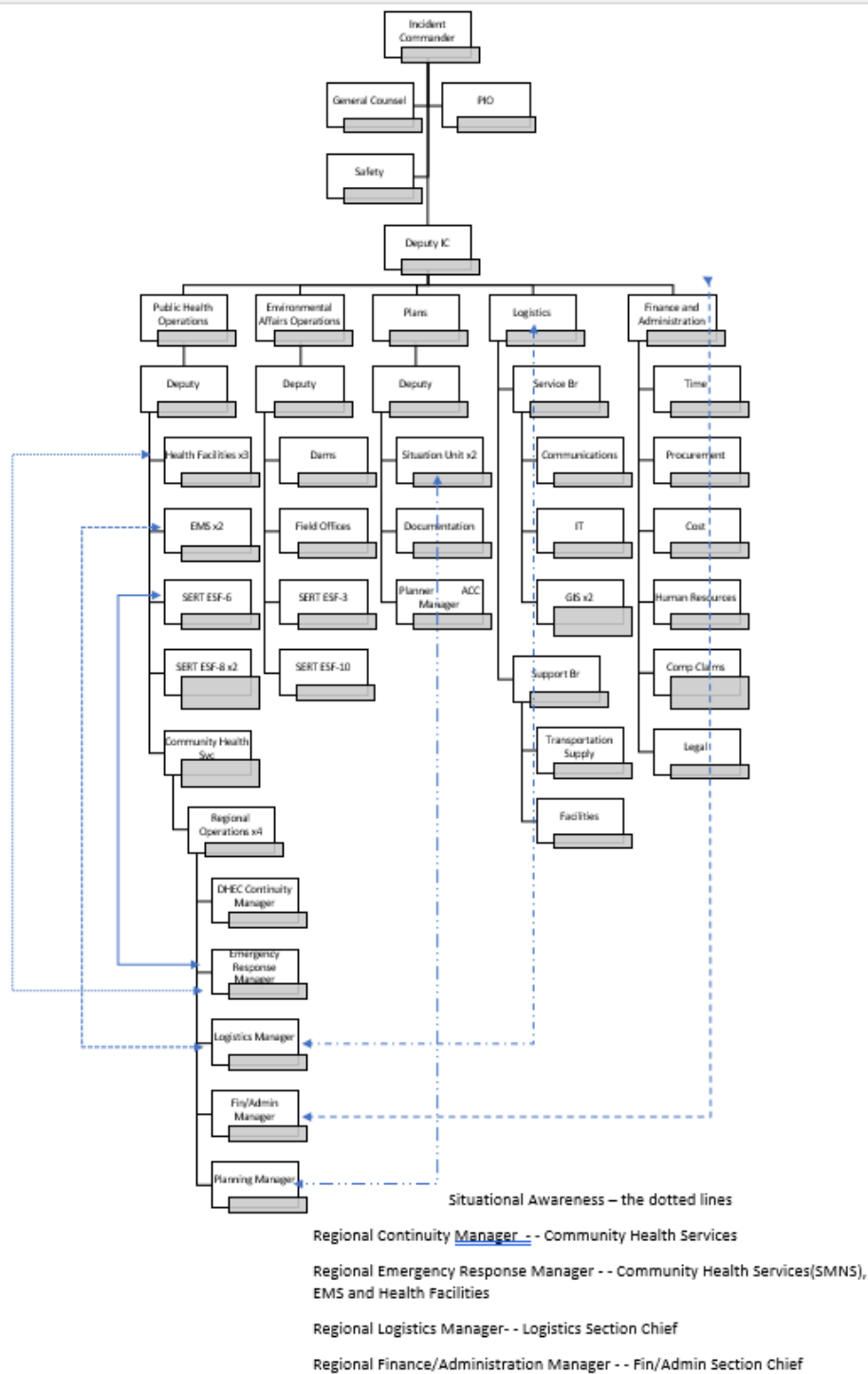
Plans Section – prepares the incident response for the next operational period, maintains situational awareness and generates the periodic situation reports, and facilitates Command and General Staff coordination meetings.

Logistics Section - identifies, coordinates, and procures all needed resources, personnel, material, by those in the ICS responding to the incident.

Finance and Administration – coordinates procurement activities, manages human resources, maintains cost and time of personnel involved in the incident response, and compensations claims as part of recovery.

DHEC can and will most likely establish Branches and Divisions under the Operations Sections when responding to larger, more complex incidents. For example, in a coastal evacuation for a pending hurricane, the DHEC Director is the IC for the DHEC ICS. All agency personnel are likely to be affected in some way, and all leaders will be engaged in response related roles. DHEC will designate “Branches,” likely led by Regional Health Directors who themselves will designate essential ICS staff positions within their respective branches. Branch directors and their representatives will coordinate directly with agency ICS chiefs, the designated Operations Chief for operations today, the Plans Chief for tomorrow’s activities, and the Logistics Chief for additional personnel and resources. Below is an example of the DHEC ICS Structure for a major incident response.

# Annex B (Incident Command) to the SC Department of Health and Environmental Control Emergency Operations Plan

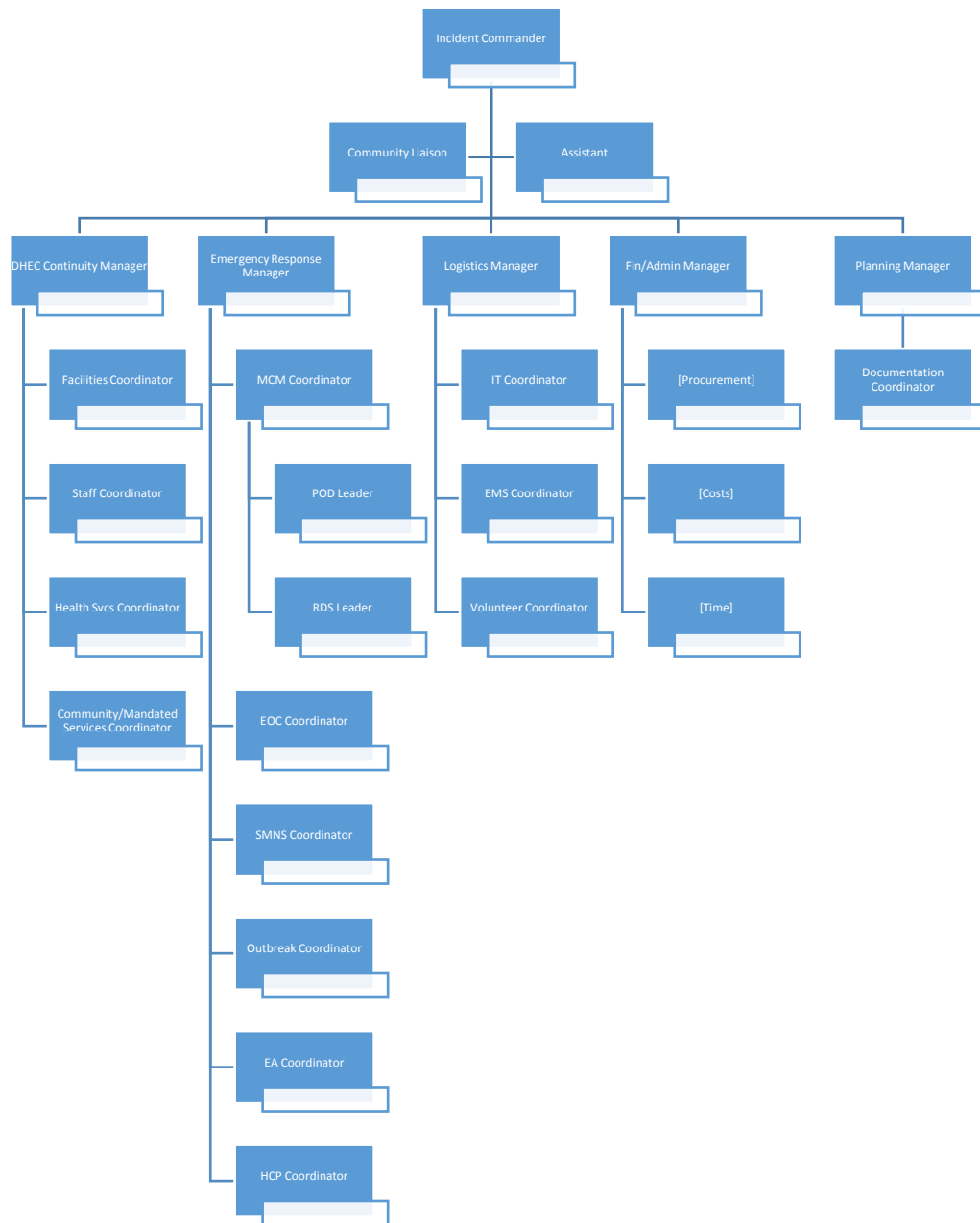


**Annex B**  
**(Incident Command)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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The DHEC ICS framework flexible and modular depending on the nature of the incident response.

The DHEC ICS structure for incident smaller events that impact only 1 DHEC Region the following structure is used.



**Annex B**  
**(Incident Command)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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In region based incident response the Command Element is comprised of the Incident Commander, Community Liaison, and an Assistant. Additional Technical Advisors may be added to the Command Element depending upon the nature of the incident response. The IC has the authority to set response objectives, is responsible for outcomes, and approves the Incident Action Plan.

The General Staff is comprised with the DHEC Continuity Manager, Emergency Response Manager, Logistics Manager, Finance and Administration Manager, and Planning Manager. Each General Staff Section is led by a “Manager” who is responsible for determining their staffing requirements and establishing priorities within their respective section based on guidance from the IC. Specific responsibilities of the sections are:

DHEC Continuity Manager – responsible for all coordinating incident related activities for facilities, staffing, and health services during the assigned operational period under authority of the IC.

Emergency Response Manager – responsible County EOC Liaison, Medical Countermeasure requirements, Special Medical Needs Sheltering, Outbreak coordination, and Healthcare facility coordination incident related activities during the assigned operational period under authority of the IC.

Logistics Manager - identifies, coordinates, and procures all needed resources, personnel, material, by those in the ICS responding to the incident.

Finance and Administration Manager– coordinates procurement activities, manages human resources, maintains cost and time of personnel involved in the incident response, and compensations claims as part of recovery.

Planning Manager– is responsible for documenting the region incident response.

## **V. Key DHEC ICS Structures.**

The DHEC ICS uses operations centers to command, control, coordinate and report incident related response activities. The DHEC Command and General Staff can use up to four operations centers depending on the scope and complexity of the incident response. The key DHEC ICS Structures are:

Agency Coordination Center (ACC) – DHECs primary operations center for situation awareness, support to decision making, detailed staff coordination, coordination of resources, and exchanging information.

**Annex B**  
**(Incident Command)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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Command and General Staff Coordination Room – located adjacent to the ACC is used by the Command and General Staff for IC updates, staff coordination, and monitoring the situation by General Staff members.

Disaster Coordination Team (DCT) Center – DHECs operations center for environmental programs.

Dams Coordination Room— DHEC’s operations center for state regulated dam situational awareness.

**Annex C**  
**(Emergency Operations Center (EOC) Procedures)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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**PLACEHOLDER**

**Annex D**  
**(Incident Action Plans (IAPs) and Reports)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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**PLACEHOLDER**



**Annex E**  
**(Duty Officer/ On-call Procedures)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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## **I. Introduction.**

The nature and extent of the response to any given incident by the Agency will vary with the size and complexity of the incident. The level of activity, the number, and skills of staff required to carry out those activities will vary. DHEC maintains several “Duty Officers” and “On Call” numbers across different Executive Areas to receive initial notifications, triage information and contact appropriate staff, Divisions, and/or Bureaus. Some of these positions are staffed on a 24/hour a day basis, while others are limited to normal operating hours.

## **II. Roles and Responsibilities.**

Duty Officer(s) monitor incidents, disseminate information, and act as emergency management liaisons to Local, County, and State partners. They assist with locating resources and ensure timely and appropriate response to public health, environmental, and health regulation events, and aid in determining required activation of the Emergency Operations Plan.

<b>Agency On-Call / Duty Officer Programs</b>	
<b>Executive Area</b>	<b>Bureau/Division</b>
Chief of Staff	<ul style="list-style-type: none"><li>- Communications &amp; Public Affairs – On Call</li></ul>
Environmental Affairs	<ul style="list-style-type: none"><li>- Bureau of Environmental Health Services (BEHS)/Division of Emergency Response (DER) – CODO (Central Office Duty Officer)</li><li>- Bureau of Land &amp; Waste - Rad and Infectious Waste – Duty Officer</li><li>- Dam Safety and Storm Water Permitting Division – Duty Officer</li></ul>

**Annex E**  
**(Duty Officer/ On-call Procedures)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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Health Regulations	<ul style="list-style-type: none"><li>- Bureau of Drug Control – After hours Enforcement</li><li>- Health Care Facilities Emergency Response – Duty Officer</li></ul>
Public Health	<ul style="list-style-type: none"><li>- Bureau of Public Health Preparedness – Duty Officer</li><li>- Bureau of Communicable Disease Prevention &amp; Control/Divisions of Acute Disease Epidemiology/Tuberculosis Control – On Call</li></ul>

### **III. Appendices.**

Specific details for each Bureau/Division can be found in the attached Appendixes.

1. Communications & Public Affairs (TBP)
2. Bureau of Environmental Health Services (BEHS)/Division of Emergency Response (DER) – CODO (Central Office Duty Officer) (TBP)
3. Bureau of Land & Waste - Rad and Infectious Waste – Duty Officer (TBP)
4. Dam Safety and Storm Water Permitting Division – Duty Officer (TBP)
5. Bureau of Drug Control – After hours Enforcement (TBP)
6. Health Care Facilities Emergency Response – Duty Officer (TBP)
7. Bureau of Public Health Preparedness – Duty Officer (TBP)
8. Bureau of Communicable Disease Prevention & Control/Divisions of Acute Disease Epidemiology/Tuberculosis Control – On Call (TBP)

**Annex F**  
**(Federal and State Disaster Preparedness and Response Requirements)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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## **I. Introduction.**

DHEC adheres to requirements generated from a variety of sources. This includes Federal law and policies manifested through grants, state requirements derived from law and Standard Operations Procedures outlined in documents coordinated by the SC Emergency Management Division, and when and where possible county ordinances.

## **II. Roles and Responsibilities.**

Federal requirements/ expectations align to the following prepare, respond and recover capabilities:

<b>Federal PHEP and HPP Grant Guidelines (BPHP Management)</b>	
<b>Capability</b>	<b>Activity</b>
Community and Health Care System Preparedness	<ul style="list-style-type: none"><li>- Determine risks to the health of the jurisdiction</li><li>- Identify and prioritize essential healthcare assets and services</li><li>- Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps</li><li>- Coordinate/ plan for at-risk individuals and those with special medical needs</li></ul>
Community and Health Care System Recovery	<ul style="list-style-type: none"><li>- Identify and monitor recovery needs</li><li>- Facilitate the coordination of community recovery operations</li></ul>
Public Health Emergency Operations Coordination	<ul style="list-style-type: none"><li>- Conduct preliminary assessment to determine need for activation</li><li>- Activate public health emergency operations</li><li>- Issue mandatory medical evacuation orders as needed</li><li>- Develop incident response strategy</li><li>- Manage and sustain the public health response</li><li>- Demobilize and evaluate public health emergency response operations</li><li>- Assess and notify stakeholders of healthcare delivery status</li></ul>

**Annex F**  
**(Federal and State Disaster Preparedness and Response Requirements)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

	<ul style="list-style-type: none"> <li>- Support healthcare response efforts through coordination of resources</li> <li>- Demobilize and evaluate healthcare operations</li> </ul>
Emergency Public Information and Warning	<ul style="list-style-type: none"> <li>- Activate the emergency public information system</li> <li>- Determine the need for a joint public information system</li> <li>- Establish and participate in information system operations</li> <li>- Establish avenues for public interaction and information exchange</li> <li>- Issue public information, alerts, warnings, and notifications</li> </ul>
Public Health and Health Care Fatality Management	<ul style="list-style-type: none"> <li>- Determine role for public health in fatality management</li> <li>- Activate public health fatality management operations</li> <li>- Assist in the collection and dissemination of ante mortem data</li> <li>- Participate in survivor mental/behavioral health services</li> <li>- Participate in fatality processing and storage operations</li> <li>- Coordinate surges of deaths and human remains at healthcare organizations with community fatality operations</li> <li>- Coordinate surges of concerned citizens with community agencies responsible for family assistance</li> </ul>
Public Health and Health Care Information Sharing	<ul style="list-style-type: none"> <li>- Identify stakeholders to be incorporated into information flow</li> <li>- Identify and develop rules and data elements for sharing</li> <li>- Exchange information to determine a common operating picture</li> <li>- Provide healthcare situational awareness that contributes to the incident common operating picture</li> <li>- Develop, refine, and sustain redundant, interoperable communication systems</li> </ul>

**Annex F**  
**(Federal and State Disaster Preparedness and Response Requirements)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

Mass Care	<ul style="list-style-type: none"> <li>- Coordinate public health, medical, and mental/behavioral health services</li> <li>- Monitor mass care population health</li> </ul>
Medical Countermeasure Dispensing	<ul style="list-style-type: none"> <li>- Identify and initiate medical countermeasure dispensing strategies</li> <li>- Receive medical countermeasures</li> <li>- Activate dispensing modalities</li> <li>- Dispense medical countermeasures to identified population</li> <li>- Report adverse events</li> </ul>
Medical Logistics (Medical Materiel Management and Distribution)	<ul style="list-style-type: none"> <li>- Direct and activate medical materiel management and distribution</li> <li>- Acquire medical materiel</li> <li>- Maintain updated inventory management and reporting system</li> <li>- Establish and maintain security</li> <li>- Distribute medical materiel</li> <li>- Recover medical materiel and demobilize distribution operations</li> </ul>
Public Health and Health Care System Medical Surge	<ul style="list-style-type: none"> <li>- Assess the nature and scope of the incident</li> <li>- Support activation of medical surge</li> <li>- Support jurisdictional medical surge operations</li> <li>- Support demobilization of medical surge operations</li> <li>- Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations</li> <li>- Assist healthcare organizations with surge capacity and capability</li> <li>- Develop Crisis Standards of Care Guidance</li> <li>- Provide assistance to healthcare organizations regarding evacuation and shelter in place operations</li> </ul>
Non-Pharmaceutical Interventions	<ul style="list-style-type: none"> <li>- Engage partners and identify factors that impact non-pharmaceutical interventions</li> <li>- Determine non-pharmaceutical interventions</li> </ul>

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	<ul style="list-style-type: none"> <li>- Make recommendations regarding non-pharmaceutical interventions to the Public Health Emergency Plan Committee (SC Code Ann. §25-1-440(d))</li> <li>- Implement non-pharmaceutical interventions</li> <li>- Monitor non-pharmaceutical interventions</li> </ul>
Public Health Laboratory Testing	<ul style="list-style-type: none"> <li>- Manage laboratory activities</li> <li>- Perform sample management</li> <li>- Conduct testing and analysis for routine and surge capacity</li> <li>- Support public health investigations</li> <li>- Report results</li> </ul>
Public Health Surveillance and Epidemiological Investigation	<ul style="list-style-type: none"> <li>- Conduct public health surveillance and detection</li> <li>- Conduct public health and epidemiological investigations</li> <li>- Recommend, monitor, and analyze mitigation actions including quarantine and isolation policies and processes</li> </ul>
Public Health and Health Care System Responder Safety and Health	<ul style="list-style-type: none"> <li>- Identify responder safety and health risks</li> <li>- Identify safety and personal protective needs</li> <li>- Monitor responder safety and health actions</li> <li>- Assist healthcare organizations with locating additional pharmaceutical protection for healthcare workers during a response</li> <li>- Coordinate communication between healthcare organizations that need access to additional Personal Protective Equipment (PPE) for healthcare workers during response</li> </ul>
Medical Reserve Corps Volunteer Management	<ul style="list-style-type: none"> <li>- Organize, assemble, and dispatch volunteers</li> <li>- Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations</li> </ul>

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	<ul style="list-style-type: none"> <li>- Volunteer notification for healthcare response needs</li> <li>- Organization and assignment of volunteers</li> <li>- Coordinate the demobilization of volunteers</li> </ul>
Environmental Health	<ul style="list-style-type: none"> <li>- Coordinate Environmental Health activities</li> <li>- Monitor and provide support for Environmental Health activities and CBRNE Detection Operations for long-term health or environmental impacts</li> <li>- Recommend, monitor and analyze Environmental Health and CBRNE Detection mitigation actions</li> </ul>
Critical Infrastructure – Public Health	<ul style="list-style-type: none"> <li>- Implement Public Health and Healthcare System Critical Infrastructure plan</li> <li>- Identify the Public Health and Healthcare System critical infrastructure (assets, systems, and networks)</li> <li>- Assess the risks of Public Health and Healthcare System critical infrastructure</li> <li>- Prioritize the risks of Public Health and Healthcare System critical infrastructure</li> <li>- Recommend critical infrastructure protective programs and resiliency measures for Public Health and Healthcare critical infrastructure</li> </ul>
Critical Infrastructure – Environmental Affairs	<ul style="list-style-type: none"> <li>- [include bullets outlining EA responsibilities – hazmat, potable water, water quality advisories, shellfish bans, etc]</li> </ul>

The SCEOP and supporting plans, appendices and annexes contain specific requirements for our agency. These include:

<b>South Carolina Emergency Operations Plan and Supporting Plans</b>	
<b>Function</b>	<b>Tasks</b>
Common to all State Agencies	<ul style="list-style-type: none"> <li>- Appoint a department or agency Emergency Coordinator, and alternate, to support SERT operations</li> </ul>

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	<ul style="list-style-type: none"><li>- Emergency Coordinators prepare and maintain assigned operational Annexes and develop SOPs appropriate to the agency execution of functions</li><li>- Emergency Coordinators have the authority to commit agency resources and expedite program operations in the provision and coordination of emergency services</li><li>- Develop and maintain internal SOPs for the execution of primary functions</li><li>- Assign personnel to augment the SERT in the SEOC in accordance with requirements set forth by the Director, SCEMD</li><li>- Mobilize and utilize allocated and available resources to meet emergency or disaster requirements</li><li>- Maintain a capability for the emergency procurement of supplies and equipment required and not otherwise available</li><li>- Provide training as appropriate to personnel assigned to execute respective emergency functions</li><li>- Support EMAC by ensuring lead and support ESF agencies are trained on EMAC responsibilities, to include pre-identifying assets, needs and resources that may be allocated to support other states, and documenting related information into Palmetto</li><li>- Identify and provide a Liaison Officer for each Agency EMAC Request to facilitate arrival and onward movement of EMAC support at the appropriate Staging Areas</li><li>- Maintain a 24-hour response team capability</li><li>- Coordinate functional service provisions with local governments and private service organizations</li></ul>
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	<ul style="list-style-type: none"><li>- Assist Federal representatives in providing emergency response or disaster assistance within the affected areas</li><li>- Conduct workshops and seminars as necessary to provide information regarding new equipment and operating procedures for all governmental, service organizations and volunteer personnel participating in the implementation of assigned function</li><li>- Provide all agency/department employees appropriate training to assure an awareness of the hazardous threats common to South Carolina and the overall State Emergency Management program</li><li>- Review the SCEOP annually and update assigned annexes and SOPs to meet current department policy and organization</li><li>- Maintain current internal notification/recall rosters and communications systems</li><li>- Participate in tests and exercises to evaluate this plan</li><li>- Agencies will initially fund emergency operations from existing agency accounts<ul style="list-style-type: none"><li>o Each agency must have approval by the Department of Administration Executive Budget Office, State Treasurer and Comptroller General or a higher authority (Governor, State Fiscal Accountability Authority, State Legislature) to exceed budget authority for emergency operations</li><li>o If the emergency results in a Presidential Declaration, Federal funds administered by FEMA will become available<ul style="list-style-type: none"><li>▪ The State (in combination with county or local jurisdictions) is</li></ul></li></ul></li></ul>
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	<p>normally required to provide 25% of all expenditures</p> <ul style="list-style-type: none"> <li>▪ The Governor will recommend approval of an estimated amount to the General Assembly to be designated as the cost share for the emergency</li> <li>- Conduct and account for expenditures of South Carolina funds for emergency operations in accordance with SC laws and regulations and their records are subject to audit by the State Auditor</li> <li>- Utilizing emergency powers, the Governor may mobilize all available resources of the State government as necessary to cope with the emergency</li> <li>- Collect, report and maintain records of obligation and expenditures incurred during a response to an emergency or disaster situation. These records serve as a database in assessing the need and preparation of requests for Federal assistance</li> <li>- Support and plan for mitigation measures including monitoring and updating mitigation actions in the State Hazard Mitigation Plan</li> <li>- Review, evaluate and comment on proposed State Hazard Mitigation Plan amendments upon initiation and within the review period</li> <li>- Support requests and directives from the Governor and/or federal agencies concerning mitigation and/or re-development activities</li> <li>- Document matters that may be needed for inclusion in agency or state/federal briefings, situation reports and action plans</li> </ul>
<b>DHEC</b>	<b>Tasks</b>

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Transportation of Nuclear Materials	<ul style="list-style-type: none"> <li>- DHEC maintains situational awareness of the transport of radiological waste and materials into and through the state</li> <li>- DHEC maintains the processes and procedures to address potential releases of radiological materials/waste during transportation</li> </ul>
DHEC exercises unique authorities and responsibilities for coordinating the State's response in the event of a State Health Emergency	<ul style="list-style-type: none"> <li>- Comply with the provisions of SC Code of Laws, Title 44, Chapter 4</li> <li>- Control Property</li> <li>- Control Persons</li> </ul>
Mandatory Medical Evacuation	<ul style="list-style-type: none"> <li>- Under the terms of Section 25-1-440, SC Code of Laws, the Governor, under the advice of the Director of DHEC, may order licensed healthcare facilities (e.g. – hospitals, nursing homes, residential care facilities, etc.) to evacuate</li> <li>- The Facility Administrators may submit a request through DHEC to the Governor for an exception to the Order for their facility</li> </ul>
DHEC Agency Wide	<ul style="list-style-type: none"> <li>- Identify, train, and assign DHEC personnel to staff ESFs</li> <li>- Develop mutual support relationships with professional associations and other private services and volunteer organizations that may assist during emergencies or disasters including special medical needs and vulnerable populations' service agencies and advocacy groups</li> </ul>
Bureau of Public Health Preparedness	<ul style="list-style-type: none"> <li>- Provide an Emergency Management Coordinator or Alternate in the SEOC, designated by the Director, who, on the behalf of, or in the Director's absence from the SEOC, shall act as the ESF-8 representative and otherwise represent DHEC</li> <li>- Coordinate and direct the activation and deployment of DHEC and volunteer</li> </ul>

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	<p>health/medical personnel, and DHEC supplies and equipment</p> <ul style="list-style-type: none"><li>- Develop and conduct drills and exercises which test the medical and behavioral health response to disaster situations</li><li>- Identify and provide bed capacity and availability status of all hospitals throughout the state</li><li>- In conjunction with SC Hospital Association, determine operational status of hospitals</li><li>- Coordinate the deployment of volunteer doctors, nurses, behavioral health professionals, technicians and other medical personnel to disaster areas</li><li>- Maintain current inventories of medical supplies; pharmaceuticals; equipment; certification levels of Emergency Medical Technicians; licensed ambulance services; and hospitals and other licensed health care facilities</li><li>- Develop protocols, maintain liaison with, and arrange for services of the NDMS, to include FCCs, DMAT and DMORT</li><li>- Develop rapidly deployable behavioral health teams</li><li>- Implement Medical Countermeasures Program operations, as needed</li><li>- Plan for the deployment of Federal Medical Stations in SC, as needed</li><li>- Implement CHEMPACK operations as needed</li></ul>
Communicable Disease Prevention & Control	<ul style="list-style-type: none"><li>- Implement isolation and quarantine procedures, as appropriate</li><li>- Evaluate and recommend need for isolation or quarantine measures to the Public Health Emergency Plan Committee</li></ul>

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Immunization/ Nursing	<ul style="list-style-type: none"> <li>- Develop plans for, and coordinate the provision of immunizations, including emergency immunizations</li> </ul>
Community Health Services	<ul style="list-style-type: none"> <li>- Coordinate nursing personnel, as available, to assist in shelters and public health clinics</li> </ul>
Health Regulations	<ul style="list-style-type: none"> <li>- Ensure licensed health care facilities (e.g. hospitals, nursing homes, residential care facilities, etc.) develop evacuation plans and procedures</li> <li>- Coordinate and direct the activation and deployment of EMS agencies</li> <li>- Coordinate waivers of rules and regulations regarding licensed health care facilities</li> <li>- Maintain and provide a listing of licensed health care facilities including names of Administrators and 24-hour phone numbers, as appropriate</li> <li>- Identify and provide bed capacity and availability status of all hospitals throughout the state</li> <li>- Maintain current inventories of medical supplies; pharmaceuticals; equipment; certification levels of EMT; licensed ambulance services; and hospitals and other licensed health care facilities</li> </ul>
Environmental Affairs	<ul style="list-style-type: none"> <li>- Monitor environmental conditions to minimize public health threats</li> <li>- Respond to hazardous material releases and threatened releases; advise responsible parties</li> <li>- Provide ESF-10 representatives to SEOC when activated</li> <li>- Coordinate with ESF-3 (Public Works and Engineering) to provide technical assistance to responsible entities in their efforts to provide potable water and wastewater treatment</li> </ul>

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General Counsel	<ul style="list-style-type: none"> <li>- Advise the Director of the Agency and the Director of the Bureau of Public Health Preparedness regarding legal issues which arise during the emergency, including effects of recommending declaration of a Public Health Emergency pursuant to the Emergency Health Powers Act</li> <li>- Advise agency program staff regarding issuance of and draft Public Health Orders to enable response or recovery efforts</li> <li>- Advise and assist appropriate staff regarding implementation of isolation and quarantine procedures, as appropriate</li> </ul>
Public Health Reserve Corps	<ul style="list-style-type: none"> <li>- Under the guidance of SCDHEC staff, provide support to public health response activities, including mass vaccinations, special medical needs sheltering, medical countermeasures, behavioral health support and other response efforts as needed</li> </ul>
<b>ESF-8 (Lead Agency)</b>	<b>Tasks</b>
General	<ul style="list-style-type: none"> <li>- Develop mutual support relationships with professional associations and other private services and volunteer organizations that may assist during an emergency or disaster including special medical needs population and vulnerable populations' service agencies and advocacy groups</li> <li>- Ensure procedures are in place to document costs for any potential reimbursement</li> <li>- Participate at least annually in State exercises and/or conduct an exercise to validate this Annex and supporting SOPs</li> <li>- Coordinate information releases to the public with the public information officer in ESF-15 (Public Information)</li> </ul>

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	<ul style="list-style-type: none"> <li>- Anticipate and plan for arrival of, and coordination with, Federal ESF-8 personnel in the State Emergency Operations Center (SEOC) and Federal Medical Stations (FMS)</li> <li>- Through all phases of emergency management, maintain records of expenditures and resources used for possible later reimbursement</li> <li>- Provide ESF-8 representation on the Recovery Task Force</li> <li>- Anticipate and plan for arrival of, and coordination with, Federal personnel represented in the JFO</li> <li>- Support long-term recovery priorities as identified by the Long-Term Recovery Committee and the Recovery Task Force</li> </ul>
Medical Care	<ul style="list-style-type: none"> <li>- Plan for the provision of emergency medical and dental care for the affected populations</li> <li>- Identify doctors, nurses, technicians and other medical personnel that may assist in disaster areas</li> <li>- Maintain situational awareness of the availability of medical supplies, equipment, certification levels of Emergency Medical Technicians (EMT), licensed ambulance services, hospitals, and other licensed health care facilities</li> <li>- Plan for establishment of staging areas for medical personnel, equipment, and supplies</li> <li>- Develop and maintain plans to implement the Medical Countermeasures Program to the SC Emergency Operations Plan (SCEOP)</li> <li>- When traditional health care facilities are not available, plan for establishment of alternate care sites</li> <li>- Develop protocols and maintain liaison with elements of the National Disaster</li> </ul>

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	<p>Medical System (NDMS), to include Federal Coordinating Centers (FCC) in South Carolina and Disaster Medical Assistance Teams (DMAT)</p> <ul style="list-style-type: none"><li>- Ensure licensed health care facilities (e.g. hospitals, nursing homes, and residential care facilities) develop evacuation plans and procedures</li><li>- Identify agencies, organizations, and individuals capable of providing medical support services or assistance such as the South Carolina Hospital Association, and the South Carolina Medical Association</li><li>- Coordinate the delivery of health and medical services, including the provision of medical personnel, equipment, pharmaceuticals, and supplies</li><li>- Coordinate patient evacuation and relocation</li><li>- Coordinate and direct the activation and deployment of Emergency Medical Services (EMS) agencies</li><li>- Implement Strategic National Stockpile (SNS)/medical countermeasures operations, as needed</li><li>- Arrange for NDMS services, to include patient evacuation assistance, as needed</li><li>- Identify hospital and nursing home surge capacities statewide</li><li>- Maintain a situational awareness of the status of licensed inpatient facilities</li><li>- Coordinate technical assistance with medical decontamination hazardous materials response</li><li>- Coordinate the restoration of essential health and medical care systems</li><li>- Coordinate the restoration of permanent medical facilities to operational status</li><li>- Coordinate the restoration of pharmacy services to operational status</li></ul>
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	<ul style="list-style-type: none"> <li>- Coordinate support for emergency medical services and medical care infrastructure until local system is self-supporting</li> <li>- Coordinate emergency pharmacy and laboratory services</li> </ul>
Public Health	<ul style="list-style-type: none"> <li>- Develop procedures to protect the public from communicable diseases and contaminated drug supplies (including veterinary drugs)</li> <li>- Develop surveillance procedures to monitor the public's health status</li> <li>- Provide technical assistance to support and maintain emergency sanitation inspection procedures and protocols to ensure acceptable conditions related to food and wastewater</li> <li>- Develop procedures for identification of disease and epidemic control</li> <li>- Develop emergency immunization procedures</li> <li>- Provide laboratory testing or if appropriate identify laboratory testing facilities</li> <li>- Coordinate technical assistance to the responsible entities in their efforts to manage the public health services</li> <li>- Assess the need for health surveillance programs throughout the state</li> <li>- Determine the need to issue Public Health Orders for clean up on private property if an imminent health hazard is declared</li> <li>- Coordinate epidemiological surveillance</li> </ul>
Mass Fatality Support	<ul style="list-style-type: none"> <li>- Provide support for location, identification, registration, certification, removal and disposition of the deceased</li> <li>- Establish a system for collecting and disseminating information regarding the numbers of fatalities</li> <li>- Develop protocols and maintain liaison with Disaster Mortuary Operational</li> </ul>

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	<p>Readiness Teams (DMORT) of the NDMS</p> <ul style="list-style-type: none"> <li>- Identify agencies, organizations, and individuals capable of providing support services for deceased identification including South Carolina Funeral Directors Disaster Committee, South Carolina Morticians Association, and South Carolina Coroner's Association</li> <li>- Maintain a description of capabilities and procedures for alert, assembly and deployment of state mortuary assistance assets</li> <li>- Coordinate the notification of teams for deceased identification</li> <li>- Coordinate DMORT services</li> <li>- Coordinate State assistance for next-of-kin notification. The SC Department of Administration (Veterans' Affairs) will notify deceased veterans' next-of-kin</li> <li>- Continue to support the operations necessary for the identification, registration, certification, and disposition of the deceased and their personal effects</li> <li>- Receive the required death reports throughout the incident</li> <li>- Provide a final fatality report</li> </ul>
<b>ESF-10 (Lead Agency)</b>	<b>Tasks</b>
General	<ul style="list-style-type: none"> <li>- Lead Agency for the coordination of ESF-10 administrative, management, planning, preparedness, mitigation, response and recovery activities to include developing, coordinating, and maintaining the ESF-10 Standard Operating Procedures (SOP) which detail both radiological and non-radiological responsibilities</li> <li>- Supporting agencies will assist the DHEC, Division of Emergency Response in planning and execution</li> </ul>

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	<ul style="list-style-type: none"><li>- Apply available personnel, equipment, and technical expertise necessary to contain, counteract, and supervise cleanup of hazardous materials for:<ul style="list-style-type: none"><li>o Non-Radiological or Chemical. Non-radioactive hazardous substances or materials in a quantity or form that pose risk to health/ safety</li><li>o Radiological. Radioactive hazardous substances or materials in a quantity or form that pose risk to health/ safety</li></ul></li><li>- Coordinate, integrate, and manage the overall State effort to detect, identify, contain, clean up, dispose of, or minimize releases of oil or hazardous substances and minimize the threat of potential releases</li><li>- For radiological incidents, provide technical assistance and resources necessary to evaluate and assess the consequences of an incident, and to provide protective action guidelines to State and local authorities</li><li>- Notify ESF-10 supporting agencies upon activation</li><li>- Review files submitted to DHEC regarding presence of chemicals covered under the Emergency Planning and Community Right to Know Act (EPCRA) Tier II program (computer accessible)</li><li>- Utilize contact and inventory information submitted in compliance with EPCRA, as well as GIS data layers compiled by DHEC, to evaluate potential releases and monitor areas of concern</li><li>- Provide and/or coordinate technical assistance on hazards known to be present in the disaster area. These activities include decontamination and long-term remediation</li></ul>
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	<ul style="list-style-type: none"> <li>- Provide technical assistance for hazardous material recognition and identification</li> <li>- Coordinate laboratory assistance to include analyzing and identifying contaminants, pesticides, and other toxic materials in air, soils, vegetation, and water</li> <li>- Coordinate responsible party responses or the use of Federal/State contractors to control and contain a hazardous material release to protect public health and/or the environment</li> <li>- Provide expertise on environmental effects of oil discharges, or releases of hazardous substances, pollutants, or contaminants and environmental pollution control techniques</li> <li>- Coordinate decontamination activities with appropriate local, State, and Federal agencies</li> <li>- Provide technical assistance and guidance to decontamination activities for the protection of human health and the environment</li> <li>- Develop and coordinate all SCDHEC/ESF-10 emergency response plans and procedures</li> <li>- Provide ESF-10 representation on the Recovery Task Force</li> </ul>
Radiological	<ul style="list-style-type: none"> <li>- Adhere to plans and procedures addressed in: <ul style="list-style-type: none"> <li>o SC Operational Radiological Emergency Response Plan (SCORERP)</li> <li>o SC Technical Radiological Emergency Response Plan (SCTREPR)</li> <li>o SC State Technical Radiological Operating Procedures (SCSTROP)</li> <li>o Spent Nuclear Fuel Emergency Action Plan (SNF EAP)</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>○ Westinghouse Site Emergency Response Procedures</li> <li>○ DHEC Regulation 61-63 (Radiological Materials)</li> <li>○ Standard Operating Procedures for Waste Isolation Pilot Project (WIPP) shipments</li> </ul>
Non-Radiological (Chemical)	<ul style="list-style-type: none"> <li>- Adhere to plans and procedures addressed in: <ul style="list-style-type: none"> <li>○ National Oil and Hazardous Substances Pollution Contingency Plan (National Contingency Plan) (40 CFR 300)</li> <li>○ Federal Water Pollution Control Act (Clean Water Act) (33 U.S.C. §1251 et seq. (1972))</li> <li>○ South Carolina Oil and Gas Act (South Carolina Code of Laws, Title 48, Chapter 43)</li> <li>○ Pollution Control Act (South Carolina Code of Laws, Title 48, Chapter 1)</li> <li>○ South Carolina Hazardous Waste Management Act (South Carolina Code of Laws, Title 44, Chapter 56)</li> <li>○ State of South Carolina Contingency Plan for Spills and Releases of Oil &amp; Hazardous Substances (SCDHEC)</li> </ul> </li> <li>- DHEC Division of Emergency Response establishes/ maintains the SC SOP for response to chemical spills and releases</li> <li>- In coordination with and in support of the Counties, ESF-10 will assess the situation (both pre- and post-event), and, in coordination with local emergency management officials, develop strategies to respond to the emergency</li> </ul>
Preparedness Activities	<ul style="list-style-type: none"> <li>- Prepare an inventory of existing threats using Superfund Amendments and Re-Authorization Act (SARA) Title III, Tier II information</li> </ul>

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	<ul style="list-style-type: none"><li>- Plan for response to hazardous materials incidents</li><li>- Develop plans for communications, warning, and public information</li><li>- Develop procedures for identification, control, and clean-up of hazardous materials</li><li>- Provide, obtain, or recommend training for response personnel using courses made available by FEMA, Department of Homeland Security (DHS), Department of Energy (DOE), Nuclear Regulatory Commission (NRC), SCEMD, SCDHEC, the South Carolina Fire Academy (SCFA), U.S. Environmental Protection Agency (USEPA) and manufacturers and transporters of hazardous materials, as well as training based on Occupational Safety &amp; Health Administration (OSHA) requirements for each duty position</li><li>- Maintain a listing of private contractors capable of performing emergency and/or remedial actions associated with a hazardous materials incident</li><li>- Maintain an inventory of State assets capable of responding to a hazardous materials incident</li><li>- Develop plans and/or mutual aid agreements regarding hazardous materials incidents with local agencies, other state agencies, contiguous states, federal agencies, and private organizations as required</li><li>- Collect and utilize licensing, permitting, monitoring, and/or transportation information from the appropriate local, State, or Federal agencies and/or private organizations to facilitate emergency response</li></ul>
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	<ul style="list-style-type: none"> <li>- Participate at least annually in State exercises and/or conduct an exercise to validate this Annex and supporting SOPs</li> </ul>
Response Operations	<ul style="list-style-type: none"> <li>- Coordinate all hazardous substance response-specific efforts with the Incident Command, and provide information to the SEOC for coordination of all other State efforts</li> <li>- Coordinate 24-hour response capability to an incident scene as necessary</li> <li>- Assess the situation to include:               <ul style="list-style-type: none"> <li>o The nature, amount and location of real or potential releases of hazardous materials</li> <li>o Exposure pathways to human and environment</li> <li>o Probable direction and time of travel of the materials</li> <li>o Potential impact on human health, welfare, safety, and the environment</li> <li>o Types, availability, and location of response resources</li> <li>o Technical support, and cleanup services</li> <li>o Priorities for protecting human health, welfare and the environment</li> </ul> </li> <li>- After reviewing reports, gathering and analyzing information and consulting with appropriate agencies, determine and provide, as available, the necessary level of assistance</li> <li>- Provide Protective Action Recommendations (PAR) as the incident requires</li> <li>- Coordinate monitoring efforts to determine the extent of the contaminated area(s) and consult with appropriate support agencies to provide access and egress control to contaminated areas</li> <li>- Decontamination:</li> </ul>

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	<ul style="list-style-type: none"> <li>○ Consult with appropriate local, State, or Federal agencies and/or private organizations with regard to the need for decontamination</li> <li>○ Coordinate technical assistance regarding decontamination of injured or deceased personnel</li> <li>○ Coordinate decontamination activities with appropriate local, State, and Federal agencies</li> <li>○ Provide technical assistance and guidance to decontamination activities for the protection of human health and the environment</li> <li>- Coordinate with appropriate local, State, and Federal agencies to ensure the proper disposal of wastes associated with hazardous materials incidents; and assist in monitoring or tracking such shipments to appropriate disposal facilities</li> <li>- Coordinate with appropriate ESF's (when activated) for use of assets, technical advice and support as needed</li> <li>- Coordinate with SEOC Logistics for the location and use of staging areas for the deployment of personnel, assets, and materials into the affected zones</li> </ul>
<b>ESF-3</b>	<b>Tasks</b>
	<ul style="list-style-type: none"> <li>- DHEC will provide overall guidance concerning water supply matters and provide guidance for sewage treatment and solid waste disposal</li> <li>- Coordinate for the status of dams that may be threatened or compromised through damage by natural or man-made events</li> <li>- Office of Environmental Quality Control: <ul style="list-style-type: none"> <li>○ Provide emergency survey, surveillance, sampling, testing, and monitoring of water and sewage pumping, treatment, distribution, and</li> </ul> </li> </ul>



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	<p>collection systems to ensure public health and safety integrity of such systems</p> <ul style="list-style-type: none"> <li>○ Provide technical assistance concerning the disposal of waste materials, including household hazardous waste, agricultural waste, and debris containing or consisting of animal carcasses</li> <li>○ Assist affected utilities to identify and locate additional or alternative sources of potable water to augment or maintain water supplies</li> <li>○ Coordinate with local municipalities for water and sewer service restoration, debris management, potable water supply, and engineering requirements as soon as possible</li> <li>○ Coordinate with ESF-17 (Animal/Agriculture Emergency Response) for advice and assistance regarding disposal of debris containing or consisting of animal carcasses</li> <li>○ Coordinate with ESF-10 (Hazardous Material) for advice and assistance regarding disposal of hazardous materials to include chemical, biological, and radiological Weapons of Mass Destruction incidents</li> <li>○ Provide status of dams that may be threatened or will fail as a result of natural or manmade threats and coordinate for that information to be posted via Palmetto</li> </ul>
<b>ESF-6</b>	<b>Tasks</b>
General	<ul style="list-style-type: none"> <li>- Coordinate personnel, food safety, health care, crisis counseling and water quality services to support Mass Care operations</li> <li>- Coordinate with other ESF-6 support agencies and organizations for SMNS requirements as needed or necessary</li> </ul>

**Annex F**  
**(Federal and State Disaster Preparedness and Response Requirements)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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	<ul style="list-style-type: none"> <li>- Maintain and ensure confidentiality of medical records</li> <li>- Update SMNS status information in Palmetto (formerly WebEOC/EM-COP)</li> <li>- Provide nurses, within capabilities, to support SMNS and (as available) ARC shelters</li> <li>- Participate in annual County Mass Care coordination meetings and/or training events</li> <li>- Coordinate for feeding support to SMNS persons with ESF-6</li> </ul>
Special Medical Needs Shelters	<ul style="list-style-type: none"> <li>- Lead state agency that will coordinate, manage and operate SMNS in South Carolina</li> <li>- Identify, coordinate facilities, coordinate staffing (including medical personnel) and management</li> <li>- Assess the accessibility of potential SMNS locations, to include both physical access as well as service access</li> <li>- Maintain and update the list of SMNS</li> <li>- Assist sheltered individuals in making arrangements for essential medical equipment, as the situation allows (patients should bring medicine and equipment with them if possible)</li> <li>- Establish, review, and coordinate criteria for sheltering in a SMNS. Criteria includes: <ul style="list-style-type: none"> <li>o Uninterrupted power to operate equipment or refrigeration</li> <li>o A temperature control environment</li> <li>o A medical bed or medical cot</li> </ul> </li> <li>- Contract or coordinate the use of facilities as SMNS facilities, coordinate the staffing of the shelters to include providing medical monitoring, and liability coverage to SMNS</li> </ul>

**Annex F**  
**(Federal and State Disaster Preparedness and Response Requirements)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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	<ul style="list-style-type: none"> <li>- Coordinate with other ESF-6 support agencies and organizations for SMNS requirements as needed</li> <li>- Maintain and ensure confidentiality of medical records</li> <li>- Open and close SMNS at the request of and in coordination with County Emergency Management in order to meet the sheltering needs of the local impacted areas</li> <li>- In a multi-county or State-level event, ESF-6 will assist DHEC in coordinating the opening and closing of SMNS to include, if necessary, coordinating regional support</li> </ul>
Collocated Shelters	<ul style="list-style-type: none"> <li>- Partner shelters that may be managed, by ARC, SCDSS or another partner agency. A partner agreement/MOU/MOA could be written, in advance/at the time of opening. The main Roles and Responsibilities, outlined above, for the respective organizations, will be largely unchanged</li> <li>- May include general population, special medical needs, pet and other partner services, such as mental health, child care, etc.</li> <li>- Special Medical Needs Shelters will function separately but within the shelter. However, there will interaction between SCDSS, ARC, ESF-17 and DHEC, as necessary, to facilitate Mass Care, among respective populations</li> <li>- State-level coordination will occur between the SEOC, within ESF-6, and state and regional/county-level agencies and organizations, to include DHEC's Agency Coordination Center, local DHEC Preparedness staff, and county emergency management</li> </ul>

**Annex F**  
**(Federal and State Disaster Preparedness and Response Requirements)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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	<ul style="list-style-type: none"><li>- Local-level coordination will occur between local DHEC emergency management staff, ARC staff, DSS staff and county Emergency Management. ESF-6 Partners, at the SEOC, will coordinate, with their respective local staff and DHEC's Agency Coordination Center (ACC)</li></ul>
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**Annex G**  
**(Inter-Agency Coordination and Liaison)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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**PLACEHOLDER**

**Annex H**  
**(External Communications and Public Information)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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**PLACEHOLDER**

**Annex I**  
**(Public Health Orders)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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**PLACEHOLDER**

**Annex J**  
**(Quarantine, Isolation and Social Distancing)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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**PLACEHOLDER**



**Annex K**  
**(Emergency Dam Operations)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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**PLACEHOLDER**

**Annex L**  
**(Hazardous Materials Response)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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## **I. Introduction.**

The Hazardous Materials Response Annex provides the framework for how each SCDHEC *Bureau of Environmental Health Services Regional Office* (BEHSRO) provides support and serves as an authority, guardian and advocate in environmental quality matters, specifically in regard to hazardous materials. SCDHEC policy mandates preparations for the delivery of emergency environmental services in the event of either a man-induced or natural disaster. The BEHSRO shall be prepared with emergency response personnel to coordinate SCDHEC resources both within the agency and with all people in need of environmental health services.

## **II. Purpose.**

This plan serves as a guidance document and a resource asset to assist the BEHSRO in conducting disaster response activities. In disaster situations, emergency environmental health services will be conducted with, and in support of the *Emergency Support Functions* (ESF) of the *SC Emergency Operations Plan* ([SCEOP](#)).

Consistent with the *National Incident Management System* (NIMS) and the *National Response Framework* (NRF), the SCEOP, and the *Regional Emergency Operations Plan* (REOP) encourage the responding to, investigating of, and resolving of environmental complaints and emergencies in a manner consistent with the *Incident Command System* (ICS) and the *Unified Command* (UC) structure.

## **III. Scope.**

The information in this Annex is taken from the Regional Office Emergency Operations Plan (REOP), which is an all-hazards document designed to assist regional environmental health staff in disaster response activities. This Annex focuses specifically on hazardous materials.

Emergency Support Function 10 ([ESF-10](#)) is designated as Hazardous Materials. ESF-10 coordinates resources to minimize the adverse effects resulting from a substance release. ESF-10 is supported by the Bureau of Environmental Health Services (BEHS), the Bureau of Land and Waste Management (BLWM), and the Bureau of Air Quality (BAQ). During hazardous material control and containment

**Annex L**  
**(Hazardous Materials Response)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

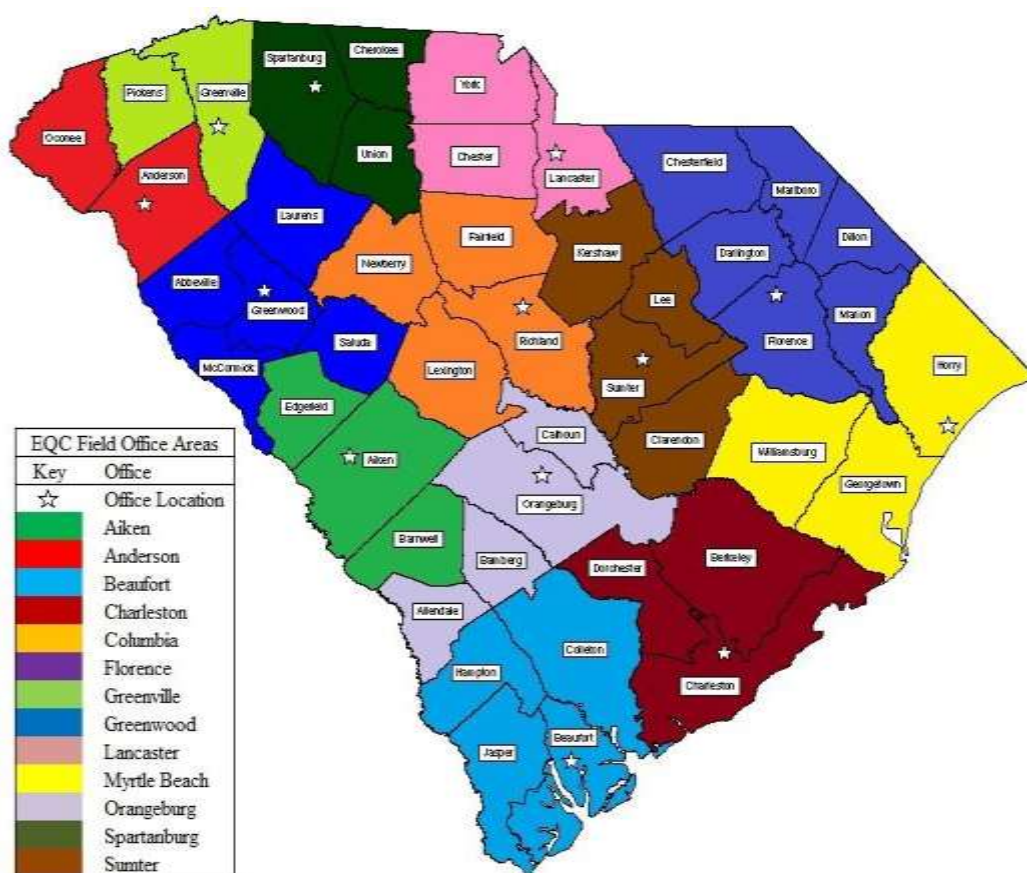
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operations, ESF-10 coordinates the response of federal, state, and local resources as well as those of the responsible party.

As part of DHEC, BEHSRO may offer to support to [ESF 3](#) Public Works and Engineering, [ESF 8](#) Health and Medical Services, [ESF 9](#) Search and Rescue, [ESF 15](#) Public Information, and [ESF 17](#) Animals and Agriculture.

## **IV. Organizational Structure.**

There are four DHEC Regions that are subdivided into the *Areas of Responsibility* (AOR) for 13 BEHSRO within South Carolina. The figure below illustrates the distribution of BEHSRO AORs throughout the state.



**Annex L**  
**(Hazardous Materials Response)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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**Local Response System.**

The local response system is constructed according to the principles of a Unified Command (UC). However, individual counties maintain plans for incidents within their Area of Responsibility (AOR).

Each county within the State of South Carolina is associated with a SC Department of Health and Environmental Control (SCDHEC) Bureau of Environmental Health Services Regional Office (BEHSRO). In response to a release incident, a Regional OnScene Coordinator (ROSC) conducts an initial investigation and coordinates emergency operations. If necessary, the ROSC may coordinate response operations with the State OnScene Coordinator (SOSC).

The SC Emergency Powers Act empowers the response of fire departments to release incidents within their jurisdiction. The responding Senior Fire Official is designated as Incident Commander until a Unified Command (UC) is established.

The SC Emergency Preparedness Standards (58-1) established a County Emergency Preparedness Division for each county within the state. Additionally, consistent with the Superfund Amendments and Reauthorization Act (SARA Title II), the State of South Carolina Emergency Response Commission established a Local Emergency Planning Committee (LEPC) for areas with numerous hazardous material facilities. For more information related to LEPCs, refer to SC Emergency Management Division (SCEMD) resources ([scemd.org](http://scemd.org)).

**Regional Organization.**

Area Director (AD) – the AD coordinates the environmental emergency management planning, disaster assistance, and recovery efforts of a BEHSRO in cooperation with Program Managers and the Emergency Response Coordinator (ERC). In the absence of the AD, a designated alternate assumes responsibility.

Emergency Response Coordinator (ERC) – under the director of the AD, the ERC manages the Emergency Response Team (ERT) for a BEHSRO with assistance provided by the Division of Emergency Response (DER). The ERC, as a Regional On-Scene Coordinator (ROSC), is also empowered by the State On-Scene Coordinator (SOSC) to act as a representative for incidents that do not exceed the capabilities of the BEHSRO.

Regional Office Staff – the AD assigns tasks to designated staff of a BEHSRO. Each employee will be available for work duties when an emergency event occurs.

**Annex L**  
**(Hazardous Materials Response)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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Depending on the event, individuals shall prepare to be self-sustaining for 24 hours. Certain BEHSRO staff are assigned additional responsibilities as members of the ERT.

**State Response System.**

By policy, the *State of South Carolina* responds to all release incidents immediately. The primary objectives of such a response include the establishment of control regarding the source of a release as well as the containment of any discharged material. The use of oil spill cleanup agents is coordinated by the *State On-Scene Coordinator* (SOSC), *Federal On-Scene Coordinator* (FOSC), and the *US Environmental Protection Agency* (EPA) representative of the *Regional Response Team* (RRT).

For cases in which the response actions of the *Responsible Party* (RP) are adequate to remove and mitigate the effects of a release, the state primarily monitors the operations and provides advice and counsel to the RP as necessary. However, for cases in which the response of the RP is inadequate, the FOSC or the *SC Department of Health and Environmental Control* (SCDHEC) will take steps to access the applicable state or federal fund to ensure an adequate cleanup.

Operations conducted by the SC Department of Health and Environmental Control (SCDHEC) in response to a substance release are accomplished through the coordination of efforts with other federal, state and local agencies. For more information related to SCDHEC, refer to the resources provided by the agency ([scdhec.gov](http://scdhec.gov)). Through this coordinated effort, the State of South Carolina, as represented by the SCDHEC and the state representative of the US Environmental Protection Agency (EPA) Region IV, responds to all releases of petroleum and hazardous materials within the designated area. However, this coordination does not exclude the mutual assistance of other involved agencies.

At the DHEC Central office, the following bureaus contribute to the emergency operations in cooperation with BEHSRO: Bureau of Air Quality, Bureau of Environmental Health Services, Bureau of Land and Waste Management, and Bureau of Water.

**National Response Plan.**

The *National Oil and Hazardous Substances Response System*, typically referred to as the *National Response System*, as described in the *National Contingency Plan* (NCP), coordinates the response operations of federal, state, and local government agencies

**Annex L**  
**(Hazardous Materials Response)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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as well as *Responsible Parties* (RP) for releases of hazardous substances into the environment.

## **V. Roles and Responsibilities.**

ESF-10 provides assistance and guidance to chemical facilities and coordinates with the DCT on other environmental program issues. ESF-10 coordinates operations and resources with the Emergency Response Team (ERT). ERT responds to release incidents and provide technical assistance, recommend protective actions, and to monitor the containment, decontamination, cleanup, and disposal operations. The ERT provides 24-hour response capability in cooperation with the Division of Emergency Response (DER).

The BEHSRO personnel provide assistance to many other environmental programs during response efforts.

Also, BEHSRO personnel provide assistance to ESF-10 (Hazardous Materials) by providing technical assistance to local fire departments, industry, the US Environmental Protection Agency (EPA), and the US Coast Guard (USCG) concerning a release of hazardous waste and any resulting toxic fumes.

The BEHSRO provides personnel for the role of Regional On-Scene Coordinator (ROSC) and the Emergency Response Team (ERT). The BEHSRO also provides resources, as practicable, to support the response to a release incident. In cooperation with the Division of Emergency Response, the BEHSRO provides personnel and resources to support environmental radiological hazard assessments.

BEHSRO personnel monitor control, containment, cleanup, and disposal operations in cooperation with other state, federal, and local government agencies. BEHSRO personnel also provide technical assessments of the environmental hazards and recommend protective actions.

### **Preparation and Training.**

ESF-10 personnel identify, train, and assign DHEC personnel to maintain current contact information and prepare to conduct operations in response to a hazardous materials incident. ESF-10 personnel participate in state and county exercises. ESF-10 personnel maintain a copy of the SC Contingency Plan for Substance Release Incidents ([scdhec.gov](http://scdhec.gov)). ESF-10 maintains a list of teams, personnel, and resources that could support and respond to hazardous material and oil spill emergencies.

**Annex L**  
**(Hazardous Materials Response)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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ESF-10 personnel should be prepared to provide technical assistance for the identification of areas that may contain hazardous materials as well as the identification and recognition of hazardous materials. ESF-10 maintains procedures for identification, control, and cleanup of hazardous materials as well as a listing of private contractors capable of performing emergency and remedial actions associated with hazardous materials incidents.

ESF-10 contacts the transport, disposal and storage facilities and large quantity generators to ensure the Emergency Operations Plans are being acted upon for disasters. ESF-10 contacts facilities with air permits to ensure preparations prior to a disaster.

**Key Personnel and Stakeholders.**

Federal On-Scene Coordinator – when applicable, a representative of the US Coast Guard (USCG) is designated as the Federal On-Scene Coordinator (FOSC) for coastal zones. For inland zones, a representative of the US Environmental Protection Agency (EPA) is designated as the FOSC.

State On-Scene Coordinator – the State On-Scene Coordinator (SOSC) is designated as the Director of the Division of Emergency Response (DER) of the SC Department of Health and Environmental Control (SCDHEC) or a designee.

Regional On-Scene Coordinator – the State On-Scene Coordinator (SOSC) designates the Emergency Response Coordinator (ERC) of the Bureau of Environmental Health Services Regional Office (BEHSRO) as the Regional-On Scene Coordinator (ROSC) for counties within the jurisdiction of the BEHSRO. The ROSC is empowered as a representative of the SOSC for situations that do not exceed regional significance.

Responsible Party Representation – any action of a Responsible Party (RP) must be consistent with the provisions of the National Contingency Plan (NCP), the Regional Contingency Plan (RCP), the Area Contingency Plan (ACP), and the response plan required by the Oil Pollution Act (OPA 1002). As long as appropriate action is taken, the RP maintains the right to participate in the Unified Command (UC) and any operations. The RP also maintains the right to a timely account of reimbursable government expenditures. When practical, the RP should be approached with requests for government resources prior to mobilization.

Local Representation – the Unified Command (UC) should include any local representatives with interests potentially impacted by the incident. Whenever

**Annex L**  
**(Hazardous Materials Response)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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possible, the UC should attempt to contact local agencies for input regarding interests protected by the National Historic Preservation Act (NHPA). The UC should also contact the Office of the State Archaeologist of the SC Department of Archives and History (shpo.sc.gov) as well as any tribal representatives with threatened or impacted interests.

## **VI. Plan Development and Maintenance.**

The Bureau of Environmental Health Services Regional Office (BEHSRO) develops and maintains a Regional Emergency Operations Plans (REOP) and an organizational response capability to provide emergency environmental services to counties within its Area of Responsibility (AOR). The development of this plan is coordinated with each County Emergency Management Director.

To ensure its accuracy, compatibility, feasibility, and compliance with current resources and directives, the Area Director (AD), the Emergency Response Coordinator (ERC), and the Division of Emergency Response (DER) shall evaluate the REOP. The AD and ERC will update the plan on an annual revision cycle with assistance from the regional program managers. Following each update, the REOP should include a current listings of BEHSRO personnel, contact information, and inventoried resources.

BEHSRO shall submit updates to the *REOP* to the DHEC Director of the *Division of Emergency Response* (DER) by the date of May 1<sup>st</sup>. Guidance and suggested changes to the updated plan will be provided to the *Area Director* (AD) by the date of June 1<sup>st</sup>. The AD and *Emergency Response Coordinator* (ERC) of the BEHSRO will make the proposed changes and submit the updated plan to the *Director* of DER by the date of June 15<sup>th</sup>.

The planning, testing, and evaluation of the *REOP* is coordinated with appropriate county officials, BEHSRO personnel, the DHEC Central Office, and the AD.

## **VII. Authorities and References.**

### **South Carolina Code of Laws.**

- *Safe Drinking Water*: Section 44-55.
- *Pollution Control*: Section 48-1.
- *Solid Waste Policy and Management*: Section 44-96.



**Annex L**  
**(Hazardous Materials Response)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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- *Shellfish*: Section 44-1.
- *Oil and Gas*: Section 48-43.
- *Dams and Reservoirs*: Section 49-11.
- *Hazardous Waste Management*: Section 44-56.
- *Underground Petroleum Environmental Response Bank*: Section 44-2.

**South Carolina Code of Regulations.**

- *Air Pollution Regulations and Standards*: Section 61-62.
- *Residential Well and Irrigation Well Permitting*: Section 61-44.
- *Well Standards*: Section 61-71.
- *Hazardous Waste Management Regulations*: Section 61-105.
- *Burying or Burning of Dead Animal and Poultry*: Section 44-29.

**Federal Laws and Regulations.**

For more information related to the federal laws and regulations listed below, refer to US Government Publishing Office (ecfr.gov).

- *The Federal Water Pollution Control Act*
- *Federal Comprehensive Environmental Response Compensation and Liability Act*
- *Oil Pollution Act*
- *Federal Clean Water Act*
- *Federal Clean Air Act*
- *US Code of Federal Regulations*

**Other Plans and Procedures.**

- *SC Department of Health and Environmental Control (SCDHEC) Standard Operating Procedures, Quality Assurance Manuals, and Guidance Documents* (scdhec.gov).
- *SC Contingency Plan for Substance Release Incidents* (scdhec.gov).
- *SC Emergency Operations Plan (SCEOP)*.
- *US Coast Guard Sector Charleston Area Contingency Plan* (homeport.uscg.mil).

## **VIII. Designations.**

This information in this Annex was taken from the Regional Emergency Operations Plan (REOP). The REOP is designated the *Bureau of Environmental Health Services*

**Annex L**  
**(Hazardous Materials Response)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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*Region Supplement to the South Carolina Department of Health and Environmental Control Emergency Operations Plan.* The present version of this plan was submitted on the 2nd day of August, 2016.

The *Regional Emergency Operations Plan* (REOP) is held by the *Division of Emergency Response* (DER) of the *Bureau of Environmental Health Services* (BEHS) of the *South Carolina Department of Health and Environmental Control* (SCDHEC).

**Annex M**  
**(Health Facility Coordination and Evacuation)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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**PLACEHOLDER**

**Annex N**  
**(Emergency Medical Service (EMS) Coordination)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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**PLACEHOLDER**

**Annex O**  
**(Shelter Operations)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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## **I. Introduction.**

Mass Care is the actions taken to protect evacuees and other disaster victim from the effects of a disaster. These activities include providing temporary shelter, food, medical care, clothing, and other life support needs to the people who have been displaced because of a life-threatening event.

Essential Support Function (ESF) #6 is the Federal and South Carolina designated support structure for Mass Care, and coordinates the above needs through various state agencies and other shelter partners.

South Carolina establishes two types of shelters to serve the population in an emergency or disaster. These are General Population (GP) Shelters and Special Medical Needs Shelters (SMNS). A third type of shelter, Co-located Shelters, are these two types of shelters combined into a single location. Persons who seek shelter in these locations come from a home or residential location. Shelters are a last resort for anyone seeking a point of safety during a disaster. Other locations such as family and friends should be considered first.

- A SMN Shelter is a temporary facility intended to provide a safe environment for those individuals requiring limited medical assistance or monitoring/surveillance due to a pre-existing health problem.
- A General Population Shelter is designated to meet the needs and standard of care required for the general public. This includes persons referred to as those with functional or accessible needs, other than health or medical needs. A person's medical needs may be assessed to exceed provisions of care available at these locations, in which instance, referrals will be made to facilities offering a higher standard of care or monitoring.

Hospitals, Nursing Homes, Hospice and Residential Care Facilities must have disaster/emergency plans in place that assure the transfer of patients to appropriate, comparable facilities. Home Health and Hospice Service Agencies are required to establish emergency plans, upon admission into their programs, with patients (and their families) that do not include disaster shelters. (see [R.61-17, Standards for Licensing Nursing Homes, Section 1500 and Section 605](#)).

## **II. Purpose.**

**Annex O**  
**(Shelter Operations)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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This annex provides definition, direction, and guidance to plan for and implement Mass Care and Special Medical Needs Shelter operations in the State of South Carolina. This plan is for all hazards events and all situations warranting shelter operations (i.e. weather, radiological release, etc.). It establishes planning guidance for identifying SMNS locations and managing SMNS to include: human resources, supplies, equipment, and other support services. It is intended to be flexible and scalable, providing the processes and procedures needed to respond to any situation requiring the sheltering of Special Medical Needs individuals.

### **III. Scope.**

The Department of Health and Environmental Control (DHEC) has responsibility for significant elements of Mass Care within our state. This includes:

- Primary responsibility for SMNS
- Food Safety Inspection for Mass Care Feeding Operations
- Monitoring Mass Care Population Health
- Health Care Coordination/ Emergency Provision in Shelters
- Mental/ Behavioral Health Coordination for Shelter Populations
- ESF 6 and 8 Mass Care Integration and Coordination

This document works with and builds on existing DHEC plans, policies, and procedures, and supports [Annex 6 \(Mass Care\)](#) to the South Carolina Emergency Operations Plan, and [Annex I](#) (General Population Shelter Management) and [Annex J](#) (Medical Needs Shelter Management) to the SC Hurricane Plan.

### **IV. Facts and Assumptions.**

Special Medical Needs Shelterees may include:

- Persons whose life safety is at risk due to loss of electricity.
- Individuals requiring electricity for medical equipment, refrigeration for medication and/or a specialty bed medical condition(s).
- Individuals with medical conditions who have been able to maintain activities of daily living in a home environment with the assistance of a caregiver prior to the disaster or emergency situation.

An adult caregiver should accompany the special medical needs shelteree to the shelter and stay during the event to provide daily care needs. The caregiver is also provided for at the SMNS location.

**Annex O**  
**(Shelter Operations)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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During triage, exceptions may be made in consultation with the Regional Coordination Centers (RCC) and Agency Coordination Center (ACC) for individuals who only have a need for electrical support and do not have an adult caregiver. This would be on a case by case basis.

It is possible that a person may present to SMNS staff without a referral, caregiver, or prior triage. Staff will accommodate these individuals without delay, and immediately contact either the supporting RCC or the ACC for further instruction.

## **V. Concept of Operations.**

As the primary agency for SMNS operations, DHEC will:

- Coordinate and organize Special Medical Needs Shelter capabilities to meet basic human needs including shelter, food, emergency supply distribution, medical monitoring, caregiver support, and other general human services as required in disaster situations. These locations serve individuals whose needs exceed DSS or the Red Cross Disaster Health Services' level of provision in general population shelters, but is not complex enough to require hospitalization. SMNS provision includes:
  - Uninterruptable power (generator back up) for medical equipment and ensuring a climate controlled environment,
  - Refrigeration (for medications only),
  - Medical cots or beds,
  - Triage and in-patient referral as required,
  - Medical monitoring/ surveillance,
  - Provision for oxygen replenishment,
  - Transportation assistance or coordination as required,
  - Administrative and logistics support.
- Coordinate all SMNS administrative, management, planning, training, preparedness, mitigation, and response activities. This includes coordinating and maintaining this annex, content in Appendix 6 to the SCEOP and, Annexes J and I of the SC Hurricane Plan.
- Establish Memorandums of Agreement (MOAs) with all identified and assessed locations prior to use. See Appendix 1, Sample MOA.
- Identify and train Public Health staff within Community Health Services to operate and manage SMNS facilities no later than 31 May each year.
- Provide liability coverage to staff involved in sheltering and within provisions of the MOAs required for sheltering.

**Annex O**  
**(Shelter Operations)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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- Ensure Public Health and other agency personnel supporting SMNS operations function under the National Incident Management System (NIMS) and Incident Command Structure (ICS).

SMNS are not skilled nursing facilities. Hospitals, nursing homes and residential care facilities should not discharge or evacuate individuals under their care to SMNS in times of disaster. SMNS is located at one of the following:

- Healthcare Facility- climate controlled with generator backup; has hospital beds or medical cots for shelterees; may have direct capabilities for oxygen and suction equipment. This type of SMNS may allow on site access to emergency services. This type SMNS is typically found in a hospital or nursing home.
- Non-Healthcare Facility- climate controlled with generator backup; DHEC provides medical cots for shelterees. This type of SMNS allows for access to emergency services via EMS. This type of SMNS is typically found in a technical college, senior center, public school, etc.
- Collocated shelter- SMNS may be co-located with general population, pets, and other partner services such as mental health, childcare, etc. Collocated shelters may house shelterees within the same building or an adjacent building on the same campus. Pet sheltering may be included as a part of a co-located shelter.
  - o SMNS will function separately, but within the shelter. However, there will be interaction between, DSS, ARC, animal care providers and DHEC.
  - o State level coordination will occur between the State Emergency Operations Center (SEOC), within ESF-6, and state and regional/county level agencies and organizations to include DHEC's Agency Coordination Center, local DHEC Preparedness staff, and county emergency management.

In addition to SMNS operations, DHEC will coordinate with ESF-6 and supporting agencies and organizations as necessary to meet identified needs during all shelter operations (GP and SMNS), including but not limited to food safety, mass care population health, mental/behavioral health, water quality, and opening and/or closing SMNS shelters.

- Food Safety inspections are requested by ESF 6 on an as needed basis.
- DHEC is not a viable substitute for nor is it a health care provider. Limited services may be available through DHEC staff. DHEC is the lead agency for ESF 8 (Health and Medical Services), and will coordinate these services as required.



**Annex O**  
**(Shelter Operations)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

- Mental and behavioral health care is provided by the South Carolina Department of Mental Health (DMH) or the American Red Cross (ARC). DMH support is coordinated through ESF 8.

DHEC will participate in annual county mass care coordination meetings and/or other training events.

## **VI. Assignment of Responsibilities.**

SMNS operations are conducted in accordance with the emergency management cycle of prepare, respond and recover.

<b>PREPARE. ICS and SEOC not activated.</b>	
<b>SHELTER FACILITY IDENTIFICATION, ASSESSMENT, ACQUISITION</b>	
<b>Actions:</b>	<b>Responsibility</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Identify shelters in coordination with community partners to include, but are not limited to: the American Red Cross (ARC) and local emergency management.</li> <li><input type="checkbox"/> If a facility is interested in becoming a shelter, DHEC uses the following assessment tools: a) The <b>American Red Cross Shelter Survey</b> and b) the <b>Facility Power Assessment for Potential Special Medical Needs Site</b> to assess each of its shelters. <ul style="list-style-type: none"> <li>• The shelter assessment team should include regional nursing program staff, a regional PHP Planner, Red Cross staff and a facility representative. The State SMNS Coordinator should also be present if possible.</li> <li>• All components of the Shelter Survey should be assessed and each shelter should be as ADA-compliant as possible. <ul style="list-style-type: none"> <li>• Some ADA-compliance issues may be amended with temporary solutions for the period of shelter activity. For example, temporary ramps may be added if a curb cut does not exist.</li> <li>• Some ADA-compliance issues cannot be fixed easily and if the facility being assessed does not contain some basic and important features then the facility cannot be used as a shelter. One example of this is in-accessible bathrooms and stalls.</li> </ul> </li> <li>• If the facility meets the criteria established in the assessments, then a shelter MOA can be completed.</li> <li>• The two approved shelter MOA templates can be found on the DHECnet under the <a href="http://dhecnet/co/contracts/MOAs">http://dhecnet/co/contracts/MOAs</a></li> </ul> </li> </ul>	<p><b>Lead:</b> BPHP</p> <p><b>Supporting:</b>  ARC;  Community Health Services/  Nursing</p>

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<ul style="list-style-type: none"> <li>• MOA Special Medical Needs Shelter - Non-Generator Facility (0652A)</li> <li>• MOA Special Medical Needs Shelter - Healthcare Generator Facility (0652)</li> <li>• In some cases, a county emergency manager may ask to have a shelter in an un-assessed facility with no MOA. These can be done, but the shelter requirements that DHEC has are still required, the location must still be assessed, and an MOA put into place. This would be expedited by the ACC and Contract Office staff.</li> <li>• Shelters and their MOAs are to be reviewed annually to ensure nothing has changed that would make the shelter unusable as an SMNS. This does not mean that a new MOA must be implemented if the termination date on the MOA has not passed.</li> </ul>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Maintains a master binder of hard copies of all shelter MOAs. <ul style="list-style-type: none"> <li>• Regional planners should forward any new MOAs to the State SMNS Coordinator once the MOA is completed so that it can be added.</li> </ul> </li> <li><input type="checkbox"/> Maintains a master spreadsheet of all SMNS shelters in the state that is updated as shelters are either added or removed. <ul style="list-style-type: none"> <li>• The State SMNS Coordinator will add the MOA information to the list, but may ask the Regional Planners to complete any uncompleted sections.</li> </ul> </li> </ul>	<p><b>Lead:</b> BPHP</p> <p><b>Supporting:</b> Regional Health Directors; Regional Office of Public Health Preparedness (OPHP)</p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Each regional planner should complete site-specific shelter information for each shelter. <ul style="list-style-type: none"> <li>• An ICS 204 for the shelter should be present for every shelter. (An ICS 204 is used to inform personnel of assignments once Command/ Unified Command approve the objectives.</li> <li>• Since all shelters are different and resources may vary by shelter and county, regional staff have the latitude to include other information, in addition to the ICS 204 information, as they deem helpful for a disaster event. For a list of recommended information, see the State SMNS Coordinator.</li> </ul> </li> </ul>	<p><b>Lead:</b> BPHP</p> <p><b>Supporting:</b> Regional Health Directors; Regional OPHP</p>

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<ul style="list-style-type: none"> <li><input type="checkbox"/> Coordinate revisions for SMNS plan, SOP, and related annexes.</li> <li><input type="checkbox"/> Credentialing Documents for SMNS operations.</li> <li><input type="checkbox"/> Job Action Sheets for SMNS operations.</li> <li><input type="checkbox"/> All operational documents including shelter forms and reporting documents for shelter response.</li> <li><input type="checkbox"/> In collaboration with OPHP, provide region-specific training on SMNS operations including logistics, triage and shelter operations on an annual basis.</li> <li><input type="checkbox"/> By May 1, of each year, leadership will be sure that all staff have received appropriate training based on the role(s) they will be assuming during a disaster.</li> </ul>	<p><b>Lead:</b> BPHP, Community Health Services/Nursing</p> <p><b>Supporting:</b> Regional Health Directors; Regional OPHP</p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Maintain and update staffing rosters utilizing the Office of Nursing Staffing Standards. List should be reviewed and updated at least quarterly (“Shelter Roster Healthcare,” DHEC 1268 or “Shelter Roster Non-Healthcare,” DHEC 1269). Identify and resolve any issues in conjunction with region leadership.</li> <li><input type="checkbox"/> Inventory shelter bags/carts at least quarterly utilizing the “Supply/Equipment Inventory” (DHEC 2373) and after an exercise or event. Monitor each location utilizing the “SMNS Supply/Equipment Inventory Accountability” (DHEC 1406). Coordinate replacement of items as needed.</li> <li><input type="checkbox"/> Assure all shelter staff are trained per the “Core Training Requirements for Shelter Staff” within three (3) months of hire and annually thereafter on SMNS roles and operations.</li> <li><input type="checkbox"/> Coordinate training of volunteer nurses and other volunteers in coordination with Regional OPHP. <ul style="list-style-type: none"> <li>• Coordinate with Regional OPHP to assure completion of the “Nursing Volunteer Agreement” (DHEC 1351) for all nursing volunteers and the “Volunteer Agreement” (DHEC 0884) for non-nursing volunteers.</li> </ul> </li> <li><input type="checkbox"/> Update and maintain Nursing Site-Specific Shelter Manual for each shelter location within the region.</li> </ul>	<p><b>Lead:</b> Community Health Services/Nursing</p> <p><b>Supporting:</b> Regional Offices of Nursing; Regional OPHP</p>

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<ul style="list-style-type: none"> <li><input type="checkbox"/> Be sure that all staff have necessary access to computer systems they may be required to monitor or use during an event.</li> <li><input type="checkbox"/> Coordinate and maintain list of equipment, supplies, phone numbers and location of resources available during an emergency.</li> </ul>	<p><b>Lead:</b> BPHP; Community Health Services /Nursing; Regional Health Directors; Regional OPHP</p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> As an event approaches, work with regional program directors and local emergency managers to identify and contact potential facilities that may need to open.</li> <li><input type="checkbox"/> Maintain list of volunteers including names, addresses and telephone numbers trained for SMNS operations.</li> <li><input type="checkbox"/> Coordinate with Region Office of Nursing to exercise SMNS operations at least twice a year. An event where SMNS is operationalized can be substituted for an exercise.</li> </ul>	<p><b>Lead:</b> Regional OPHP <b>Supporting:</b> Regional Health Directors; Regional OPHP</p>
<b>Actions:</b>	<b>Responsibility</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Grant permission to curtail normal operations in order to implement shelter operations per the Office of Public Health Nursing's "Service Delivery Modification Based on Opcon Level"</li> </ul>	<p><b>Lead:</b> BPHP  <b>Supporting:</b> Community Health Services/Nursing</p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Regional Planners will look to pre-stage supplies and equipment at the selected shelters that they are anticipating as opening.</li> </ul>	<p><b>Lead:</b> Regional OPHP  <b>Supporting:</b> Regional Offices of Nursing</p>

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<input type="checkbox"/> Complete any necessary Just--In-Time training prior to moving into the Response Phase	<b>Lead:</b> BPHP; Community Health Services /Nursing  <b>Supporting:</b> Regional Offices of Nursing; Regional OPHP
<input type="checkbox"/> Contact any feeding provider, as necessary, to allow the vendors/facility to prepare and have staff on standby should a shelter opening be necessary.	<b>Lead:</b> BPHP  <b>Supporting:</b> Regional OPHP
<input type="checkbox"/> DHEC Shelter and Triage staff should be put on standby for their respective posts. <input type="checkbox"/> Coordinate with the agency phone bank to implement appointment cancelations and phone triage as indicated. <input type="checkbox"/> State Director of Public Health Nursing or designee would staff the ACC and maintain a presence for the length of activation.	<b>Lead:</b> Community Health Services/Nursing  <b>Supporting:</b> Regional Offices of Nursing; Regional OPHP; BPHP
<input type="checkbox"/> The State SMNS Coordinator, DHEC's liaison to ESF-6 in the SEOC, should be stationed in the SEOC prior to the Response phase to assist with any coordination for Mass Care. The liaison should login and monitor the following state software to assist with monitoring and maintaining situational awareness: <ul style="list-style-type: none"> <li>• DHEC WebEOC: <a href="https://eocwebapp.dhec.sc.gov/eoc7/default.aspx">https://eocwebapp.dhec.sc.gov/eoc7/default.aspx</a></li> <li>• Palmetto (Emergency Management Division): <a href="https://palmettoeoc.com/webappviewer/">https://palmettoeoc.com/webappviewer/</a></li> </ul> <input type="checkbox"/> Accounts with each of these programs should be created prior to an event, if possible.	<b>Lead:</b> BPH  <b>Supporting:</b>

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<input type="checkbox"/> Contact county emergency managers to coordinate shelter operations as necessary. These conversations should/may include: <ul style="list-style-type: none"> <li>• Shelter openings</li> <li>• Feeding plans</li> <li>• Any identified or possible gaps</li> </ul> <input type="checkbox"/> Provide RCCs and SEOC staff with appropriate point of contacts for each operational period.	<b>Lead:</b> BPHP  <b>Supporting:</b> Regional OPHP
<input type="checkbox"/> Depending on the scale and scope of the event or response, the ACC or RCC will activate as appropriate and report through the Incident Command structure. <input type="checkbox"/> If needs (personnel, supplies, support services, etc.) are beyond the scope of capability of the RCC and local partners, requests will be coordinated through the ACC.	<b>Lead:</b> BPHP; Community Health Services /Nursing  <b>Supporting:</b> Regional OPHP; Regional Offices of Nursing

<b>RESPOND. ICS and/ or SEOC activated.</b>	
<b>SMNS TRIAGE LINE ACTIVATION</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Activation of the triage line should occur at OPGON 3 during a non-hurricane scenario and at E-48 for a hurricane scenario...need approval by leadership. Requests for activation of SMNS come from multiple sources. These could include: <ul style="list-style-type: none"> <li>• DHEC regional staff,</li> <li>• ARC,</li> <li>• County or State Emergency Management, or</li> <li>• Partners.</li> </ul> However, appropriate agency personnel (BPHP Region Preparedness Director, BPHP Director, and State Director of Nursing) will collect and assess the information provided to determine if the scenario warrants activation of the triage line and subsequent SMNS operations. The triage line may be opened at the regional level or the state level, depending on scale and scope of the incident. <input type="checkbox"/> Assign staff to operate the triage line at the state level or have regional	<b>Lead:</b> Community Health Services /Nursing  <b>Supporting:</b> Regional Offices of Nursing; Regional OPHP

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<p>nursing program directors assign their staff to operate the triage line locally. (Shelter rosters for each shelter should already be complete for each shelter.)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Staff should review the Triage Matrix prior to receiving calls and use the matrix to determine eligibility of callers into SMNS.</li> <li><input type="checkbox"/> Provide Just-In-Time training as necessary.</li> </ul> <p>Questions: (Community Health Services)</p> <ul style="list-style-type: none"> <li>• What about staff working triage line? Their process?</li> <li>• Are there any other documents that nurses will need to fill out as they take calls? What are they?</li> <li>• Time gap between shelter set up and identified need. Who calls “the eligible” to let them know the shelter is ready to receive?</li> <li>• Follow up to EMs for people they send to triage line...status of them?</li> </ul>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Once the triage line has been set up, the following agencies and organizations will need the triage line number and process to pass along to those who may be eligible. (Community Health Services...Is there a process in place?) <ul style="list-style-type: none"> <li>• Regional Coordination Centers</li> <li>• American Red Cross</li> <li>• DSS</li> <li>• SC Hospital Association</li> <li>• Local Emergency Managers</li> <li>• Emergency Management Division</li> <li>• United Way (in PIPS)</li> </ul> </li> <li><input type="checkbox"/> In some instances, such as a small localized fire, the scale of the response may be minimal enough that an actual triage line may not be necessary or practical. In this case, the local region will determine the best means to determine need. If potential SMNS shelterees are identified, a nurse may be sent to the location to do the necessary triage to verify SMNS need.</li> <li><input type="checkbox"/> Provide consultation/guidance to region RCCs.</li> </ul>	<p><b>Lead:</b> Community Health Services /Nursing</p> <p><b>Supporting:</b> BPHP; Regional Offices of Nursing; Regional OPHP</p>
<b>OPENING A SHELTER</b>	
<b>Actions:</b>	<b>Responsibility</b>

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<p><input type="checkbox"/> Provide updates, as needed to the SEOC regarding shelter operations, including shelter board updates in appropriate electronic systems, WebEOC and/or Palmetto.</p> <ul style="list-style-type: none"> <li>• DHEC WebEOC (<a href="http://eocwebapp.dhec.sc.gov/eoc7/default.aspx">http://eocwebapp.dhec.sc.gov/eoc7/default.aspx</a>)</li> <li>• EMD Palmetto (<a href="https://pvision-scemd.palmettovision.sc.gov/emcop/">https://pvision-scemd.palmettovision.sc.gov/emcop/</a>)</li> </ul>	<p><b>Lead:</b> Community Health Services/Nursing</p> <p><b>Supporting:</b> BPHP</p>
<p><input type="checkbox"/> Activate the appropriate SMNS locations and personnel in their respective regions once a need has been identified. (Some potential locations will already be slated.)</p> <ul style="list-style-type: none"> <li>• The shelter that is geographically closest to the impacted residents and best meets the needs of the shelterees, but safe, should be prepared to open.</li> <li>• In some cases where very limited need is identified for an SMNS, the RCC may contact ARC to see if they can put the person(s) into a hotel, rather than activate an SMNS facility.</li> <li>• The standard ratio for nurses to shelters is 1:12, but DHEC maintains the option to modify this ratio during a large-scale operation, or during recovery to allow for re-establishing of necessary clinical services.</li> <li>• Priority for assignment of public health nurses is to SMNS.</li> </ul> <p><input type="checkbox"/> Staff assigned to that shelter should be notified of the following:</p> <ul style="list-style-type: none"> <li>• Shelter location and/or directions</li> <li>• Contact names and numbers (Is this on a form or in location that already exist? ICS 204? Other?)</li> <li>• Be in route to the location. Shelter staff have 4 hours to open the shelter to residents. All staff should have DHEC photo identification.</li> <li>• Notify the shelter manager upon their arrival</li> <li>• Remain at the SMNS until all shelterees leave or until relief staff arrive.</li> </ul> <p><input type="checkbox"/> Communicate to ACC when shelters are operational.</p> <p><input type="checkbox"/> Maintain contact with each SMNS, every six (6) hours or more as needed, to evaluate staffing and activity, provide census information, and report any issues or concerns.</p>	<p><b>Lead:</b> Regional OPHP</p> <p><b>Supporting:</b> BPHP; Regional Offices of Nursing, Regional OPHP</p>



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<input type="checkbox"/> When requested and available, assign staff to the county emergency operations center to coordinate DHEC activities and function as liaison to the RCC. <input type="checkbox"/> Initiate and update the Census Details spreadsheet (DHEC 2597).	
<b>SHELTER OPERATION/MAINTENANCE</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> The following general tasks should be completed during the maintenance phase of operations: <ul style="list-style-type: none"> <li>• Communicate shelter census, staffing, and activity to the RCC every 6 hours or more as needed.</li> </ul> <input type="checkbox"/> Communicate/ Coordinate with the RCC for the following: <ul style="list-style-type: none"> <li>• Staffing, equipment, and supply needs to the RCC as necessary.</li> <li>• Epi resources should an outbreak occur.</li> <li>• Transportation needs related to dialysis, discharge, medication refill, etc. <i>Refer to Appendix 2 – Transportation Arrangements and Appendix 5 Pharmaceutical Refills in a Shelter.</i></li> <li>• Any staff or shelteree issues/needs not currently met</li> </ul>	<b>Lead:</b> Shelter Staff <b>Supporting:</b> Regional OPHP; BPHP; Regional and State DADE; EMS & Trauma

<b>RECOVER. ICS and SEOC deactivated.</b>	
<b>SHELTER CLOSING AND/OR CONSOLIDATION</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> As numbers within the shelter(s) begin to diminish, it will be necessary to either close and/or consolidate shelters. <input type="checkbox"/> State Nursing Program Director and Regional Program Director will consult and coordinate with RCC staff, ACC, local Emergency Management, and any other appropriate response partners to determine to close and/or consolidate shelters.	<b>Lead:</b> Regional OPHP  <b>Supporting:</b> BPHP

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<ul style="list-style-type: none"> <li><input type="checkbox"/> Communicate closures to the SEOC as indicated.</li> <li><input type="checkbox"/> Coordinate debriefing to include DHEC state and regional staff, SEOC, ESF-6, and partner agencies.</li> <li><input type="checkbox"/> Complete necessary reports utilizing data obtained from state and regions.</li> <li><input type="checkbox"/> Determine when operations will return to normal business operations.</li> <li><input type="checkbox"/> Initiate and complete After Action Report” (AAR)</li> </ul>	<p><b>Lead:</b> BPHP; ICS Designated Personnel</p> <p><b>Supporting:</b> Regional Offices of Nursing; Regional OPHP</p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Participate in debriefing.</li> <li><input type="checkbox"/> Analyze reports of activities from Regions to assess problems, successes and need for plan revision/ refinement.</li> <li><input type="checkbox"/> Develop plans to meet identified training needs.</li> <li><input type="checkbox"/> In coordination with State SMNS Coordinator, identify need for revisions to operational documents.</li> <li><input type="checkbox"/> Participate in the AAR.</li> </ul>	<p><b>Lead:</b> Community Health Services, Nursing</p> <p><b>Supporting:</b> Regional Offices of Nursing; Regional OPHP; BPHP</p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm shelter closure with shelter manager and ACC.</li> <li><input type="checkbox"/> Act as resource liaison with shelter manager as needed in the relocation of shelterees following shelter closure.</li> <li><input type="checkbox"/> Coordinate demobilization of each shelter with local emergency management, and ACC.</li> <li><input type="checkbox"/> Coordinate staffing for resumption of “normal” business operations.</li> <li><input type="checkbox"/> Compile reports and submit to ACC.</li> <li><input type="checkbox"/> Provide feedback on SMNS operations as requested from ACC.</li> <li><input type="checkbox"/> Coordinate debriefing session with regional/county staff.</li> <li><input type="checkbox"/> Initiate region after action review and complete AAR for submission to State OPHP.</li> </ul>	<p><b>Lead:</b> Regional OPHP</p> <p><b>Supporting:</b> Regional Offices of Nursing; BPHP</p>

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## **VII. Communications.**

At the ACC, communication with the SEOC and the RCCs will be achieved utilizing landline telephones, cellular telephones, fax machines, electronic mail, Palmetto and/or WebEOC. If these methods are not operable, other means such as 800 MHZ radios, walkie-talkies, Amateur Radio Operators and possible site runners, will be utilized where available.

At the RCC, communication with the ACC and the Special Medical Needs Shelters will be achieved utilizing landline telephones, cellular telephones, fax machines, electronic mail and/or WebEOC. If these methods are not operable, other means such as 800 MHZ radios, walkie-talkies, Amateur Radio Operators and possible site runners, will be utilized where available.

## **VIII. Administration, Finance and Logistics**

### **Administration.**

- Resource Management may include financial record keeping; reporting procedures; and tracking resource needs, sources, use, and cost.
- All documentation generated during the event will be maintained in accordance with DHEC Policy A.905 (Retention Schedules).
- Inventory and track items secured from partner agencies utilizing the “Partner Loan Inventory Checklist” (DHEC d-3029).

### **Finance.**

- Personnel hours will be recorded as the individual’s normal program and location code and will use an activity code provided by the DHEC Bureau of Finance. All employees are to keep an accurate, written account of all times worked. Additional guidance regarding PCAS (program/activity codes) will be disseminated during an emergency situation.
- Agency personnel, payroll, compensatory time and other procedures must be followed per the Agency Administrative Policy Manual.
- Purchases of equipment and resources to support operations will be conducted in accordance with Section 9 of SCDHEC’s Procurement Procedures Manual.
- If emergency purchases are required, they should be authorized through the ACC or RCC. Itemized receipts should be obtained to include date of purchase, the amount, and the signature of the purchaser. The state credit cards may be used

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with authorization to purchase necessary supplies.

- Resource usage will be tracked by logs, receipts, and payroll documents. All documents should be retained and submitted as requested. The cost of disaster operations will be calculated from all available information and reported as requested and directed.
- The state may seek maximum reimbursement for incurred costs through federal funding mechanisms established for the response.

**Logistics.**

- The RCC and the ACC will have resources available for logistical support.
- Agency policies and procedures will be followed.
- The ACC will coordinate with the SEOC as needed for additional support.
- Public Health Reserve Corp volunteers will be trained as members of Logistics Strike Teams and can assist with set up and demobilization of SMNS upon request to RCC or ACC.

## **IX. Plan Development and Maintenance.**

This plan was developed in partnership by DHEC's Public Health Nursing Program and the Bureau of Public Health Preparedness.

The State Director of Nursing in conjunction with State BPHP will be responsible for coordinating the review and maintenance of this annex on an annual basis. The following schedule will be followed starting 2018:

February-April:	Review and Comment Period
June 1:	Effective Date of Revised Plan

This annex will be reviewed and/or updated to reflect new developments as required through lessons learned during emergency use, exercises, state public health organizational changes, stakeholder feedback/recommendation, and/or revisions in federal or state planning guidance.

## **X. Authorities and References.**

**Authorities.**

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- The South Carolina Emergency Operations Plan, approved as Executive Order stipulates *“Each department or agency assigned a primary responsibility in the Plan shall maintain as directed by the South Carolina Emergency Preparedness Division, comprehensive standard operating procedures for executing its assigned emergency services. Each department or agency assigned a support responsibility shall assist the primary department or agency in maintenance of these procedures.”*
- The portion of the State Plan dealing with health and medical services is APPENDIX 8. This section is generally known as ESF-8 in the federal planning process. Under the State’s implementation of ESF-8, DHEC is the primary coordinator of Health and Medical services.
- The portion of the State Plan dealing with mass care is APPENDIX 6. This section is generally known as ESF-6 in the federal planning process. Under the State’s implementation of ESF-6, DHEC is responsible for the operation and management of Special Medical Needs Shelters.
- Public Health Nurses provide services in accordance with the Laws Governing Nursing in South Carolina, § 40-33-10 through § 40-33-50, and act 287 of the South Carolina Code of Laws.
- Public Health Nurses provide services in accordance with the Laws Governing Nursing for SC, DHEC Administrative Policy Manual, DHEC Health Services Policy Manual, DHEC Nursing Professional Practice Manual and the DHEC Standing Orders.

**References**

- State Emergency Operations Plan-  
<http://www.scmd.org/planandprepare/plans/emergency-operations-plan>
- FEMA Functional Needs Support Services  
<https://www.phe.gov/Preparedness/planning/abc/Pages/functional-needs.aspx>
- SC Special Medical Needs Shelter Guidelines
- SC Radiological Emergency Response Plan-  
<http://www.scmd.org/planandprepare/plans/operational-radiological-emergency-response-plan>
- SC Mass Casualty Plan- <http://www.scmd.org/planandprepare/plans/mass-casualty-plan>
- DHEC Exposure Control Plan
- DHEC Respiratory Protection Plan
- DHEC Surveillance and Response of Reportable Conditions

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## **XI. Appendices**

1. MOA – Facility with/without Generator
2. Transportation Arrangements
3. Feeding and Meal Reimbursement
4. Behavioral Health Referral
5. Pharmaceuticals Refills in a Shelter
6. Accessing Durable Medical Equipment (DME)/Consumable Medical Supplies (CMS)
7. Service Animals and Pets
8. Functional and Access Needs and Persons with Disabilities
9. Shelter Team Roles and Responsibilities
10. Storage and Retention of Shelter Documents
11. Disease Outbreak Investigation in a Shelter
12. Information Sharing

**Appendix 1**  
**(MOA – Facility with/without Generator)**  
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**Memorandums of Agreement**

**Facility with Generator**

**MEMORANDUM OF AGREEMENT**

**BETWEEN**

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

**AND**

**[NAME OF CONTRACTING PARTY]**

**PURPOSE: SPECIAL MEDICAL NEEDS SHELTER FACILITY**

The South Carolina Department of Health and Environmental Control (DHEC) and

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[Name of Contracting Party] (Contractor) hereby enter into this Memorandum of Agreement (MOA) for the purpose of providing a Special Medical Needs Shelter (SMNS) facility during natural or man-made events that displace persons with special medical needs, as defined below, from their homes.

A Special Medical Needs individual is defined as someone who has a pre-existing medical condition(s) resulting in medical impairments and the individual has been able to function with the assistance of a care giver in the home. A Special Medical Needs individual's physical or mental conditions are such that they exceed the capabilities of an American Red Cross Shelter and are not severe enough to require hospitalization. Individuals whose medical needs exceed the resource or personnel capabilities of the SMNS will be referred to an appropriate health care facility.

**II. SCOPE OF SERVICES:**

**A. Responsibilities of DHEC.**

Under the terms of this MOA, DHEC shall be responsible for:

**1. Activation:**

This MOA will be activated in the following circumstances:

- a. When the DHEC Public Health Region, in consultation with the DHEC State Office of Public Health Preparedness (PHP), and the emergency management authority for \_\_\_\_\_ County determine there is an immediate need for a SMNS; or
- b. The Governor has declared a state of emergency or a public health emergency and

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activated the State Emergency Operations Plan and there is an immediate need for a SMNS.

Note: Due to safety, transportation issues, or space availability in other nearby open SMNS locations, DHEC may, in its discretion, decide not to open all SMNS sites during an event.

2. Criteria for Admission to a SMNS:

- A DHEC Public Health Nurse will make the determination regarding admission to the SMNS and the appropriate level of care for each potential shelteree.
- The DHEC Public Health Nurse will utilize the triage tool developed by the Office of Nursing for admission to the SMNS.
- A caregiver is expected to accompany the individual being sheltered.

3. Provision of Staffing:

DHEC will provide staffing to operate the SMNS, including nursing and other support staff as needed.

4. Supplies:

Shelter residents will be instructed to bring their own medications, necessary medical equipment and supplies. Should DHEC need to utilize any supplies from the Contractor during shelter operations, the facility will be reimbursed by DHEC.

5. Medical and Non-Medical Beds/Cots/Equivalents:

If necessary, DHEC will provide and set-up, as described in Section B. 4, medical and non-medical beds/cots/equivalents.

6. Annual Status Review:

By April 1 of each year, the Regional PHP Director or his/her designee must contact the Contractor to confirm and/or update the contact information in Section II. B. 2 of this MOA. The Regional PHP Director must attach a memorandum to the agreement reflecting any changes identified. The Regional PHP Director must send the confirmed or updated information to the Contractor, DHEC Contracts Manager and to OPHP Central Office.

B. Responsibilities of Contractor.

Under the terms of this MOA, Contractor shall be responsible for:

1. Provision of Shelter Space in \_\_\_\_\_ County:



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**(MOA – Facility with/without Generator)**  
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In the event of activation, the designated SMNS shelter will be located at:

\_\_\_\_\_  
[facility site address] and will house only SMNS shelterees, their caregivers and DHEC staff.

2. Contractor will provide contact information for DHEC to use when activation of the SMNS is required:

**Primary**

**Backup**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

24-hour Phone: \_\_\_\_\_ 24-hour phone: \_\_\_\_\_

3. Designation of Maximum Occupancy:

Total Number of SMNS shelterees: \_\_\_\_\_

Total Number of Caregivers: \_\_\_\_\_

Total Number of DHEC Staff per shift: \_\_\_\_\_

Total SMNS occupancy: \_\_\_\_\_

- A. If the SMNS needs to temporarily admit shelterees and caregivers in excess of the Contractor's licensed capacity, the DHEC SMNS Nurse Team Leader will immediately contact the DHEC Regional Coordination Center (RCC) at: \_\_\_\_\_ (phone number).

- B. The DHEC RCC will contact the designated Contractor point of contact as designated above in B. 1 in accordance with the procedure outlined in the Department's most current Memorandum entitled, "*Internal and External Medical Surge during an Emergency*" (Appendix 1) and will submit required information to the DHEC Health Licensing Staff.

4. Provision and set-up of medical and non-medical beds/cots/equivalents:

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**(MOA – Facility with/without Generator)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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The Contractor will provide and set-up:

Total number of medical beds/cots for shelterees \_\_\_\_\_

Total number of non-medical beds/cots for caregivers and DHEC staff \_\_\_\_\_

DHEC will provide and set-up:

Total number of medical beds/cots for shelterees \_\_\_\_\_

Total number of non-medical beds/cots for caregivers and DHEC staff \_\_\_\_\_

Source/location of medical beds/cots provided by DHEC: \_\_\_\_\_

Source/location of non-medical beds/cots provided by DHEC: \_\_\_\_\_

5. Food Services:

Contractor \_\_\_\_\_ will \_\_\_\_\_ will not provide food services for the SMNS shelterees, caregivers and staff. Some special diets may be required. If the Contractor provides food services, DHEC will reimburse the Contractor for meals not to exceed the rates set by the SC Budget and Control Board: \$6 breakfast, \$7 lunch, \$12 dinner and \$5 snacks/beverages.

6. Provision of Security:

Contractor \_\_\_\_\_ will \_\_\_\_\_ will not provide on-site security.

7. Linen Services:

Contractor \_\_\_\_\_ will \_\_\_\_\_ will not provide linen services.

8. Provision of Telephone and Fax Access:

Telephone, internet and fax access, when available, will be provided by the Contractor for DHEC's use during occupation of the facility as an SMNS.

9. Provision of a Generator for Back-up Power:

The Contractor agrees to provide a back-up power generator, fuel and staff to operate the generator for the area designated for use as a SMNS. The generator must be in place and operational before the shelter is opened.

10. Provision of Janitorial/housekeeping services:

The Contractor will provide janitorial/housekeeping services.

11. Compliance with ADA:

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Contractor commits to compliance with Title II, Chapter 7 of the Americans with Disabilities Act, including Addenda, regarding emergency shelters. These requirements are available at the ADA and Emergency Shelters – ADA Home Page:

- <http://www.ada.gov/pcatoolkit/chap7shelterchk.htm>
- <http://www.ada.gov/pcatoolkit/chap7shelterprog.htm>

**III. TERMS AND CONDITIONS:**

**A. Effective Dates.**

This MOA shall be effective on \_\_\_\_\_, 20\_\_\_\_ or when all parties have signed, whichever is later, and will terminate on December 31, 20\_\_\_\_. This MOA is renewable for three additional one year periods based on an annual review of criteria listed under Evaluation of MOA and agreement by both.

**B. Termination.**

Either party may terminate this MOA by providing thirty (30) days advance written notice of termination to the other party.

DHEC may terminate this MOA for cause, default or negligence on the Contractor's part at any time without thirty days advance written notice. DHEC may, at its option, allow Contractor a reasonable time to cure the default before termination.

**C. Amendments.**

The MOA may only be amended by written agreement of all parties, which must be executed in the same manner as the MOA.

**D. Records.**

DHEC will maintain records it generates at the SMNS for 6-years pursuant to the agency's records retention policy.

**E. Liability.**

Neither party shall be liable for any claims, demands, expenses, liabilities and losses (including reasonable attorney's fees) which may arise out of any acts or failures to act by the other party, its employees or agents, in connection with the performance of services pursuant to this MOA.

**F. Evaluation of MOA.**

Appropriate staff of the Contractor and DHEC will meet annually to evaluate this MOA based on the responsibilities for each party listed under section II, Scope of Services, of this MOA.

**G. Non-Discrimination.**

**Appendix 1**  
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No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in relation to activities carried out under this contract on the grounds of race, color, sex, age, national origin, disability or any other basis prohibited by law. This includes the provision of language assistance services to individuals of limited English proficiency eligible for services provided by DHEC.

**H. Drug Free Workplace.**

By signing this MOA, Contractor certifies that it will comply with all applicable provisions of The Drug-free Workplace Act, S. C. Code of Laws, Section 44-107-10 *et. seq.*, as amended.

**I. Disputes.**

All disputes, claims, or controversies relating to the MOA shall be resolved in accordance with the South Carolina Procurement Code, S.C. Code Section 11-35-10 *et seq.*, to the extent applicable, or if inapplicable, claims shall be brought in the South Carolina Court of Common Pleas for Richland County or in the United States District Court for the District of South Carolina, Columbia Division. By signing this MOA, Contractor consents to jurisdiction in South Carolina and to venue pursuant to this MOA. Contractor agrees that any act by DHEC regarding the MOA is not a waiver of either sovereign immunity or immunity under the Eleventh Amendment of the United States Constitution, and is not a consent to the jurisdiction of any court or agency or any other state.

**J. Insurance.**

Each party will maintain professional, malpractice, and general liability insurance, and may be required to provide the other with satisfactory evidence of such coverage. Neither party will provide individual coverage for the other party's employees, with each party being responsible for coverage of its employees.

**K. Licenses.**

During the term of this MOA, each party shall maintain its respective federal and State licenses, certifications, and accreditations required for the provision of services herein. Contractor will immediately notify DHEC if a board, association, or other licensing authority takes any action to revoke or suspend the license, certification, or accreditation of contractor or contractor's employees or agents providing or performing services under this MOA.

**L. Financial Responsibility.**

Each party shall bear and be responsible solely for its own costs and expenses necessary to comply with this MOA.

**M. Severability.**

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The invalidity or unenforceability of any provision of this MOA shall not affect the validity or enforceability of any other provision, which shall remain in full force and effect.

N. Preventing and Reporting Fraud, Waste and Abuse.

DHEC has procedures and policies concerning the prevention and reporting of fraud, waste and abuse (FWA) in agency-funded programs, including but not limited to those funded by federal grants such as Medicaid. No agency employee, agent, or contractor shall direct, participate in, approve, or tolerate any violation of federal or State laws regarding FWA in government programs.

Federal law prohibits any person or company from knowingly submitting false or fraudulent claims or statements to a federally funded program, including false claims for payment or conspiracy to get such a claim approved or paid. The False Claims Act, 31 U.S.C. §3729-3733, and other “whistleblower” statutes include remedies for employees who are retaliated against in their employment for reporting violations of the Act or for reporting fraud, waste, abuse, or violations of law in connection with federal contracts or grants, or danger to public health or safety. Under State law, persons may be criminally prosecuted for false claims made for health care benefits, for Medicaid fraud, for insurance fraud, or for using a computer in a fraud scheme or to obtain money or services by false representations. Additional information regarding the federal and State laws prohibiting false claims and DHEC’s policies and procedures regarding false claims may be obtained from DHEC’s Contracts Manager or Bureau of Business Management.

Any employee, agent, or contractor of DHEC who submits a false claim in violation of federal or State laws will be reported to appropriate authorities.

If Contractor or Contractor’s agents or employees have reason to suspect FWA in DHEC programs, this information should be reported in confidence to DHEC. A report may be made by writing to the Office of Internal Audits, DHEC, 2600 Bull Street, Columbia, SC 29201; or by calling the DHEC Fraud, Waste and Abuse Hotline at 803-896-0650 or toll-free at 1-866-206-5202. Contractor is required to inform Contractor’s employees of the existence of DHEC’s policy prohibiting FWA and the procedures for reporting FWA to DHEC. Contractor must also inform Contractor’s employees, in writing, of their rights and remedies under 41 U.S.C. §4712 concerning reporting FWA or violations of law in connection with federal contracts or grants, or danger to public health or safety, in the predominant native language of the workforce.

**Appendix 1**  
**(MOA – Facility with/without Generator)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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<p>AS TO DHEC:</p> <p>BY: _____</p> <p style="text-align: center;">(LOW COUNTRY, MIDLANDS, PEE DEE, UPSTATE) REGION PUBLIC HEALTH PREPAREDNESS DIRECTOR)</p> <p>DATE: _____</p>	<p>AS TO THE CONTRACTOR:</p> <p>BY: _____</p> <p style="text-align: center;">(NAME)</p> <p>ITS: _____</p> <p style="text-align: center;">(TITLE)</p> <p>DATE: _____</p> <p>PHONE: _____</p> <p>EMAIL ADDRESS: _____</p> <p>MAILING ADDRESS:</p> <p>_____</p> <p>_____</p>
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EXCEPT IN EMERGENCIES, THIS AGREEMENT IS NOT OFFICIAL AND BINDING  
UNTIL SIGNED BY THE DHEC CONTRACTS MANAGER.

\_\_\_\_\_  
Francine Miller  
Contracts Manager  
SCDHEC

DATE: \_\_\_\_\_

**Appendix 1**  
**(MOA – Facility with/without Generator)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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Facility without a Generator

MEMORANDUM OF AGREEMENT

BETWEEN

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

AND

[NAME OF CONTRACTING PARTY]

**I. PURPOSE: SPECIAL MEDICAL NEEDS SHELTER FACILITY**

The South Carolina Department of Health and Environmental Control (DHEC) and  
[Name of Contracting Party]

(Contractor) hereby enter into this Memorandum of Agreement (MOA) for the purpose of providing a Special Medical Needs Shelter (SMNS) facility during natural or man-made events that displace persons with special medical needs, as defined below, from their homes.

Definition of “Special Medical Needs:”

A Special Medical Needs individual is defined as someone who has a pre-existing medical condition(s) resulting in medical impairments **and** the individual has been able to function with the assistance of a care giver in the home. A Special Medical Needs individual’s physical or mental conditions are such that they exceed the capabilities of an American Red Cross Shelter **and** are not severe enough to require hospitalization. Individuals whose medical needs exceed the resource or personnel capabilities of the SMNS will be referred to an appropriate health care facility.

**II. SCOPE OF SERVICES:**

A. Responsibilities of DHEC.

Under the terms of this MOA, DHEC shall be responsible for:

1. Activation: This MOA will be activated in the following circumstances:
  - a. When the DHEC Public Health Region, in consultation with the DHEC State Office of Public Health Preparedness (PHP), and the emergency management authority for \_\_\_\_\_ County determine there is an immediate need for a SMNS; **or**
  - b. The governor has declared a state of emergency or a public health emergency **and** activated the State Emergency Operations Plan **and** there is an immediate need for a SMNS.

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Note: Due to safety, transportation issues, or space availability in other nearby open SMNS locations, DHEC may, in its discretion, decide not to open all SMNS sites during an event.

2. Criteria for Admission to a SMNS:
  - A DHEC Public Health Nurse will make the determination regarding admission to the SMNS and the appropriate level of care for each potential shelteree.
  - The DHEC Public Health Nurse will utilize the triage tool developed by the Office of Nursing for admission to the SMNS.
  - A caregiver is expected to accompany the individual being sheltered.
3. Provision of Staffing:

DHEC will provide staffing to operate the SMNS, including nursing and other support staff as needed.
4. Supplies:

Shelter residents will be instructed to bring their own medications, necessary medical equipment and supplies. Should DHEC need to utilize any supplies from the Contractor during shelter operations, the facility will be reimbursed by DHEC.
5. Medical and Non-Medical Beds/Cots/Equivalents:

If necessary, DHEC will provide and set-up, as described in Section B. 4, medical and non-medical beds/cots/equivalents.
6. Provision of a Generator for Back-up Power:

DHEC will secure a back-up power generator, fuel and the necessary staff to operate the generator for the area designated for use as an SMNS.
7. Annual Status Review:

By April 1 of each year, the Regional PHP Director or his/her designee must contact the Contractor to confirm and/or update the contact information in Section II. B. 2 of this MOA. The Regional PHP Director must attach a memorandum to the agreement reflecting any changes identified. The Regional PHP Director must send the confirmed or updated information to the Contractor, DHEC Contracts Manager and to OPHP Central Office.

**B. Responsibilities of Contractor.**

Under the terms of this MOA, Contractor shall be responsible for:

12. Provision of Shelter Space in \_\_\_\_\_ County:

In the event of activation, the designated SMNS shelter will be located at:



**Appendix 1**  
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**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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[facility site address]

and will house only SMNS shelterees, their caregivers and DHEC staff.

13. Contractor will provide contact information for DHEC to use when activation of the SMNS is required:

**Primary**

**Backup**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

24-hour Phone: \_\_\_\_\_ 24-hour phone: \_\_\_\_\_

14. Designation of Maximum Occupancy:

Total Number of SMNS Shelterees: \_\_\_\_\_

Total Number of Caregivers: \_\_\_\_\_

Total Number of DHEC Staff per shift: \_\_\_\_\_

Total SMNS occupancy: \_\_\_\_\_

15. Provision and set-up of medical and non-medical beds/cots/equivalents:

The Contractor will provide and set-up:

Total number of medical beds/cots for shelterees \_\_\_\_\_

Total number of non-medical beds/cots for caregivers and DHEC staff \_\_\_\_\_

DHEC will provide and set-up:

Total number of medical beds/cots for shelterees \_\_\_\_\_

Total number of non-medical beds/cots for caregivers and DHEC staff \_\_\_\_\_

Source/location of medical beds/cots provided by DHEC: \_\_\_\_\_

Source/location of non-medical beds/cots provided by DHEC: \_\_\_\_\_

16. Food Services:

Contractor \_\_\_\_ will \_\_\_\_ will not provide food services for the SMNS shelterees, caregivers and staff. Some special diets may be required. If the Contractor provides food services, DHEC will reimburse the Contractor for meals not to exceed the rates set by the SC Budget and Control Board: \$6/breakfast, \$7 lunch, \$12 dinner and \$5 snacks/beverages.

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17. Provision of Security:

Contractor \_\_\_\_ will \_\_\_\_ will not provide on-site security.

18. Linen Services:

Contractor \_\_\_\_ will \_\_\_\_ will not provide linen services.

19. Provision of Janitorial/housekeeping services:

The facility \_\_\_\_ will \_\_\_\_ will not provide janitorial/housekeeping services.

20. Provisions of Telephone and Fax Access:

Telephone, internet and fax access, when available, will be provided by the Contractor for DHEC's use during occupation of the facility as an SMNS.

10. Compliance with ADA:

Contractor commits to compliance with Title II, Chapter 7 of the Americans with Disabilities Act, including Addenda, regarding emergency shelters. These requirements are available at:

ADA and Emergency Shelters – ADA Home Page

<http://www.ada.gov/pcatoolkit/chap7shelterchk.htm>

<http://www.ada.gov/pcatoolkit/chap7shelterprog.htm>

**III. TERMS AND CONDITIONS:**

A. Effective Dates.

This MOA shall be effective on \_\_\_\_\_, 20\_\_\_\_ or when all parties have signed, whichever is later, and will terminate on December 31, 20\_\_\_\_. This MOA is renewable for three additional one year periods based on an annual review of criteria listed under Evaluation of MOA and agreement by both.

B. Termination.

Either party may terminate this MOA by providing thirty (30) days advance written notice of termination to the other party.

DHEC may terminate this MOA for cause, default or negligence on the Contractor's part at any time without thirty days written notice.

C. Amendments.

The MOA may only be amended by written agreement of all parties, which must be executed in the same manner as the MOA.

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D. Records.

DHEC will maintain records it generates at the SMNS for 6-years pursuant to the agency's records retention policy.

E. Liability.

Neither party shall be liable for any claims, demands, expenses, liabilities and losses (including reasonable attorney's fees) which may arise out of any acts or failures to act by the other party, its employees or agents, in connection with the performance of services pursuant to this MOA.

F. Non-Discrimination.

No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in relation to activities carried out under this contract on the grounds of race, color, sex, age, national origin, disability or any other basis prohibited by law. This includes the provision of language assistance services to individuals of limited English proficiency eligible for services provided by DHEC.

G. Drug Free Workplace.

By signing this MOA, Contractor certifies that it will comply with all applicable provisions of The Drug-free Workplace Act, S. C. Code of Laws, Section 44-107-10 *et seq.*, as amended.

H. Disputes.

All disputes, claims, or controversies relating to the MOA shall be resolved in accordance with the South Carolina Procurement Code, S.C. Code Section 11-35-10 *et seq.*, to the extent applicable, or if inapplicable, claims shall be brought in the South Carolina Court of Common Pleas for Richland County or in the United States District Court for the District of South Carolina, Columbia Division. By signing this MOA, Contractor consents to jurisdiction in South Carolina and to venue pursuant to this MOA. Contractor agrees that any act by DHEC regarding the MOA is not a waiver of either sovereign immunity or immunity under the Eleventh Amendment of the United States Constitution, and is not a consent to the jurisdiction of any court or agency of any other state.

I. Insurance.

Each party will maintain professional, malpractice, and general liability insurance, and may be required to provide the other with satisfactory evidence of such coverage. Neither party will provide individual coverage for the other party's employees, with each party being responsible for coverage of its employees.

J. Licenses.

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During the term of this MOA, each party shall maintain its respective federal and State licenses, certifications, and accreditations required for the provision of services herein. Contractor will immediately notify DHEC if a board, association, or other licensing authority takes any action to revoke or suspend the license, certification, or accreditation of contractor or contractor's employees or agents providing or performing services under this MOA.

**K. Financial Responsibility.**

Each party shall bear and be responsible solely for its own costs and expenses necessary to comply with this MOA.

**L. Severability.**

The invalidity or unenforceability of any provision of this MOA shall not affect the validity or enforceability of any other provision, which shall remain in full force and effect.

**M. Preventing and Reporting Fraud, Waste and Abuse.**

DHEC has procedures and policies concerning the prevention and reporting of fraud, waste and abuse (FWA) in agency-funded programs, including but not limited to those funded by federal grants such as Medicaid. No agency employee, agent, or contractor shall direct, participate in, approve, or tolerate any violation of federal or State laws regarding FWA in government programs.

Federal law prohibits any person or company from knowingly submitting false or fraudulent claims or statements to a federally funded program, including false claims for payment or conspiracy to get such a claim approved or paid. The False Claims Act, 31 U.S.C. §3729-3733, and other "whistleblower" statutes include remedies for employees who are retaliated against in their employment for reporting violations of the Act or for reporting fraud, waste, abuse, or violations of law in connection with federal contracts or grants, or danger to public health or safety. Under State law, persons may be criminally prosecuted for false claims made for health care benefits, for Medicaid fraud, for insurance fraud, or for using a computer in a fraud scheme or to obtain money or services by false representations. Additional information regarding the federal and State laws prohibiting false claims and DHEC's policies and procedures regarding false claims may be obtained from DHEC's Contracts Manager or Bureau of Business Management.

Any employee, agent, or contractor of DHEC who submits a false claim in violation of federal or State laws will be reported to appropriate authorities.

If Contractor or Contractor's agents or employees have reason to suspect FWA in DHEC programs, this information should be reported in confidence to DHEC. A report may be made by writing to the Office of Internal Audits, DHEC, 2600 Bull Street, Columbia, SC 29201; or by calling the DHEC Fraud, Waste and Abuse Hotline at 803-896-0650 or toll-

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free at 1-866-206-5202. Contractor is required to inform Contractor's employees of the existence of DHEC's policy prohibiting FWA and the procedures for reporting FWA to DHEC. Contractor must also inform Contractor's employees, in writing, of their rights and remedies under 41 U.S.C. §4712 concerning reporting FWA or violations of law in connection with federal contracts or grants, or danger to public health or safety, in the predominant native language of the workforce.

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**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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<p>AS TO DHEC:</p> <p>BY: _____</p> <p style="text-align: center;">(LOW COUNTRY, MIDLANDS, PEE DEE, UPSTATE) REGION PUBLIC HEALTH PREPAREDNESS DIRECTOR</p> <p>DATE: _____</p>	<p>AS TO THE CONTRACTOR:</p> <p>BY: _____</p> <p style="text-align: center;">(NAME)</p> <p>ITS: _____</p> <p style="text-align: center;">(TITLE)</p> <p>DATE: _____</p> <p>PHONE: _____</p> <p>EMAIL ADDRESS: _____</p> <p>MAILING ADDRESS:</p> <p>_____</p> <p>_____</p>
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THIS AGREEMENT IS NOT OFFICIAL AND BINDING UNTIL SIGNED BY THE DHEC CONTRACTS MANAGER.

\_\_\_\_\_  
Francine Miller  
Contracts Manager  
SCDHEC

DATE: \_\_\_\_\_

**Appendix 2**  
**(Transportation Arrangements)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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SMNS shelterees in a shelter may need to be transported for numerous different reasons. These could include, but are not limited to:

- Medication refills,
- Dialysis treatment, or
- Relocation to and from a shelter.

When a shelteree or a caregiver is being transported, staff will need to be sure that both are included in the transportation arrangements as the caregiver must stay with the shelteree at all times.

To arrange transport for anyone in an SMNS shelter, you will need to complete the SMNS Shelter Transport Information spreadsheet attached to this APPENDIX. Once the information has been completed, the form should either be provided to EMS in the RCC or forwarded up to EMS in the ACC to arrange travel and make the determination of the most appropriate vehicle for safe transport.

**Appendix 2**  
**(Transportation Arrangements)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

<b>SMNS Shelteree Transport Information</b>	
Get the information below from the OPS Lead or OPS-SMNS Coordinator. Once the information is obtained, it should be entered into WebEOC/Palmetto and a call made to ACC EMS Desk to make them aware of the request.	
<b>Date of Transport</b>	
<b>Patient Name</b>	
<b>Pick up Site Name</b>	
<b>Pick up Site Address</b>	
<b>Pick up Time</b>	
<b>Return Time</b>	
<b>Destination Name</b>	
<b>Destination Address</b>	
<b>Destination POC Name and #</b>	
<b>Transport Type (stretcher, ambulance, wheelchair van, other)</b>	
*Transporting provider	
*Was this their normal provider? (Yes/No)	
<b>Pick up will include caregiver as ride-along? (Yes/ No)</b>	
<b>Any DME or personal belongings? If so, please list.</b>	
<b>Other notes:</b>	
<b>SMNS POC (Name and Contact Number)</b>	
<b>Information gathered by (initial):</b>	

\*Optional



**Appendix 3**  
**(Feeding and Meal Reimbursement)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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The feeding vendor should have already been notified of activation of the shelter(s) by regional BPHP staff so it will be a matter of coordinating feeding. The follow the procedure outlined below:

- Feeding arrangements
  - Each shelter must have a feeding plan prior to opening.
  - Feeding plans may vary from shelter to shelter and county to county. Possible feeding options include:
    - The shelter facility may feed shelterees. This is typically done in hospital or in-patient facilities,
    - Arrangements may be made with the county for feeding.
    - An outside vendor may provide feeding. If this is the case, an MOA will need to be in place prior to opening the shelter.
    - In a co-located environment with ARC, ARC will feed SMNS shelterees, caregivers, and staff.
    - Due to the nature of disasters, sometimes feeding plans get interrupted. In this case, it is helpful to have redundancy in the feeding plan. This may include local vendors, Voluntary Organizations Active in Disasters (VOADs) such as The Salvation Army, or other local or state resources.
- Review the shelter's ICS 204 form to determine the primary meal provider and verify the feeding vendor information with the RCC, regional PHP Director, or the regional planner.
- Contact the vendor to provide the following information: (Who contacts the feeding vendor may vary from region to region. It may be a member of the shelter staff, regional BPHP staff, or the RCC. If it is anyone other than the shelter staff, then any information pertinent to the shelter should be relayed.)
  - How many shelterees, caregivers, and staff are present?
  - Are there any special diets that need to be accommodated?
  - Are any nutritional supplements required?
  - Anticipated time of delivery?
  - Are utensils, cups, etc are being provided?

Since meals are reimbursable to the vendor, they will need to be tracked. Shelters should use the "DHEC SMNS Daily Feeding Detail Summary" spreadsheet and meals should be tracked on it after every meal. Instructions are provided on the spreadsheet and each region has a specific tab on the bottom of the spreadsheet.

**Appendix 4**  
**(Behavioral Health Referral)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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Behavioral Health will be addressed locally and by DHEC social work staff if possible. If DHEC determines that the shelteree needs more assistance than they can provide or DHEC is currently using all its social workers, then the ACC may move to state-level resources.

- If shelter staff find that a shelteree or caregiver need behavioral or mental health assistance, the following process should be followed:
  - Staff should notify the Shelter Manager/Charge Nurse so that he/she can make the determination as to whether or not to contact the RCC.
  - If the decision is made to contact the RCC, the call should be made to the SMNS lead in the RCC and the SMNS lead will contact the Behavioral Health Team Leader (DBHTL). The DBHTL is a DHEC social worker.
  - Initially, the DBHTL will address the situation via phone with the shelter manager or designated staff.
  - If additional support is needed, the DBHTL will contact one of the DHEC regional social workers to go to the shelter to assist.
  - DBHTL will be in communication with the Social Work Director in the ACC to provide any guidance and assistance.
- If additional assistance is needed beyond available DHEC resources, a Resource Request should be entered into Palmetto/DHEC WebEOC and a call placed to ESF-8 in the SEOC to provide additional situational awareness of the need. The ESF-8 representative at the State Emergency Operations Center (SEOC) will aid in the coordination and delivery of the region's emergency medical and behavioral health response services, as appropriate.
  - The ESF-8 lead will relay the need to state-level DMH, and state-level DMH will reach out to county DMH representatives or local mental/behavioral health partners. DMH will contact the RCC and/or the shelter regarding the behavioral health need.

**Appendix 5**  
**(Pharmaceutical Refills in a Shelter)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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This Appendix provides operational guidance to DHEC staff (ACC, RCC, and shelter staff) on acquiring medication for a shelteree who presents with a need for a refill of medication.

- In a non-declared emergency, state statute says a pharmacist can fill a 10-day supply of a previously written, recently expired or lost prescription without the original prescription. The pharmacist may dispense without a refill authorization once within a 12- month period if it's not for a controlled substance, medication is essential to the maintenance of life or continuation of therapy, and subject to the pharmacist's professional judgement.
- If a Governor-Declared State of Emergency, the above applies to emergency dispensation but pharmacist may dispense 15 days and they can fill even if the patient has previously had a previous emergency refill.
- People will arrive in shelters who do not have current scripts or who have insufficient medication for the duration of the shelter visit.
- A pharmacist can dispense based off a prescription bottle if no scripts are present. Recent bottle is best.
- Unless DHEC staff or the shelteree and caregiver (POV) can pick up the medication(s), alternate transportation will be necessary for the residents to go to the pharmacy.
- Residents may or may not have access to their own transportation to pick up medication from a pharmacy.
- Medications may be necessary to maintain life and/or assist with activities of daily living.

The following scenarios may present at a SMNS and general guidance on acquisition is as follows:

- Simple refill of existing medication under a current prescription (refills still available). The shelter staff or RCC should try work with the caregiver to identify the pharmacy and have the caregiver or shelteree contact the/a local pharmacy to see if they can refill the prescription. DHEC Staff can pick up prescription for shelteree if desired. (Staff should bring shelteree information on date of birth, address, etc. to receive.)
- Prescription has expired, but non-controlled substance. The shelter staff or RCC should try work with the caregiver to identify the pharmacy and have the caregiver or shelteree contact the/a local pharmacy to see if they can refill the prescription. Based on whether or not, it is a Governor-declared emergency, it will either be either a 10 or 15 day supply (see bullets above). DHEC Staff can pick up prescription for shelteree if desired. (Staff should bring shelteree information on date of birth, address, etc. to receive.)

**Appendix 5**  
**(Pharmaceutical Refills in a Shelter)**  
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- Prescription is expired and a controlled substance. Pharmacy will not fill the old prescription, and a healthcare provider will likely require the shelteree to be seen in order to get a new prescription. Arrangements will need to be made to set up an appointment with a healthcare provider for an exam prior to prescription being written and filled.

**Notes:**

If a larger pharmacy (e.g. Rite Aid, CVS, and Walgreens) was used for the original prescription, the medication can be picked up from any of the corresponding pharmacies as they share databases within their organization.

Some pharmacies have mobile pharmacies and may be willing to bring the mobile pharmacy to the shelter, work the shelter into a predesignated route, or be willing to deliver medication to the shelter. Please inquire into these options before identifying transportation.

## Appendix 6

### (Accessing Durable Medical Equipment (DME)/Consumable Medical Supplies (CMS)) to the SC Department of Health and Environmental Control Emergency Operations Plan

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#### Introduction.

This Appendix provides operational guidance to DHEC staff (ACC, RCC, and shelter staff) on acquiring necessary equipment or consumable supplies for a shelteree who requires these for the maintenance of health.

#### Assumptions.

- People will evacuate their residence without key pieces of Durable Medical Equipment (DME) and/or Consumable Medical Supplies.
- These items may be needed to support life and/or activities of daily living.
- They will need to be acquired either by the resident or with assistance from agency staff.
- The local option is going to be the best option and borrowing equipment is preferred since it is free and it doesn't have to be stored by DHEC.

#### If a request for DME or CMS is received from a shelteree/caregiver, DHEC has some options in place.

- **Loan Programs.** DHEC regional planners have a list of partner organizations around the state that have programs where equipment can be on loan to DHEC for the period of the disaster. The title of the document is ***Durable Medical Equipment Access***, and typical equipment that might be available may include, but is not limited to: walkers, canes, wheelchairs, toilet/shower chairs, communication equipment, consumable supplies (adult diapers), and possible assistance with acquisition of DME if they do not have it on-hand. The available equipment will vary, but there are county level and multi-county level organizations who can assist with accessing this information. This document specifies the county(s) that the organization serves, name and contact information, and in some cases the organization may deliver the equipment. If the organization for the county you are in does not have the item(s) you are looking for, a neighboring county may have the equipment. Try local options first. There is an additional document within the Nursing Professional Practice Manual online, ***Partner Loan Inventory Checklist- DHEC form 3029***, that is designed to assist with keeping track of any borrowed equipment and allow it to be returned to the correct organization.
- **Donations.** Several organizations may be willing to donate DME and Consumable Medical Supplies. This should be the second option as once it is donated, the agency will need to store the equipment. There may be numerous organizations who would be willing to donate equipment. Some of these, and I would recommend looking at them in

## Appendix 6

### (Accessing Durable Medical Equipment (DME)/Consumable Medical Supplies (CMS)) to the SC Department of Health and Environmental Control Emergency Operations Plan

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this order are: 1) local vendors, 2) Local/regional food banks, and finally 3) Elevated to SEOC for resolution to access Feeding the Carolinas and SC Retail Association.

- Local Vendors. Many local vendors are interested in working with organizations and agencies to assist in providing and meeting the needs of local residents and have some form of disaster services provision within their organization and may make donations. Some of these organizations include CVS, Rite Aid, Walgreens, Walmart, and Publix. If they are open, this could be an opportunity to get access to equipment locally.
- Local or regional food banks. Food banks don't just do food. They take in any number and types of items from food to consumable medical supplies (diapers-adult and child), and are willing to assist and provide any items that they have available and may be willing to deliver requested items. There are 4 food banks in SC:
  - Harvest Hope - (serves Calhoun, Chester, Chesterfield, Clarendon, Darlington, Dillon, Fairfield, Florence, Greenville, Kershaw, Laurens, Lee, Lexington, Marion, Marlboro, Newberry, Orangeburg, Richland, Saluda and Sumter Counties.) [www.harvesthope.org](http://www.harvesthope.org)
  - Golden Harvest - (serves Abbeville, Allendale, Aiken, Anderson, Bamberg, Barnwell, Edgefield, Greenwood, McCormick, Oconee, and Pickens counties.) <http://www.goldenharvest.org>
  - Low Country - (Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Hampton, Horry, Jasper, and Williamsburg counties.) [www.lowcountryfoodbank.org/hope](http://www.lowcountryfoodbank.org/hope)
  - Second Harvest (Metrolina) – (serves Cherokee, Lancaster, Spartanburg, Union, and York counties.) [www.secondharvestmetrolina.org](http://www.secondharvestmetrolina.org)
- SC Retail Association and Feeding the Carolinas- if local/regional options have not proven viable, then the request should be entered into Palmetto/DHEC WebEOC as a Resource Request and assigned to ACC Logistics for resolution. If the ACC is unable to resolve the issue, then the Resource Request should be forwarded to EMD Logistics who will assign it to ESF-8 in the State Emergency Operations Center (SEOC). Feeding the Carolinas, formerly the SC Food Bank Association, resides at ESF-18 in the SEOC, and would be accessible to ESF-6 or ESF-8 in the SEOC. The SC Retail Association works with large and small retailers and can access these retailers during an incident, and for large events has had a presence within the SEOC at ESF-18. Feeding the Carolinas has larger scale access to inventory for all food

**Appendix 6**  
**(Accessing Durable Medical Equipment (DME)/Consumable Medical Supplies (CMS))**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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banks in the state and can coordinate efforts to identify needed items across the state and possibly deliver.

- **Procurement.** This should be the last option for acquiring equipment due to expense, storage, and probably timeliness of acquisition.
  - o If all options for loaning or donation of equipment has failed at the local/RCC level, then a Resource Request can be entered into Palmetto/ DHEC WebEOC by the RCC and forwarded to ACC Logistics. They will then work on acquiring the requested item(s).

**Appendix 7**  
**(Service Animals and Pets)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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**Service Animals.**

If a shelteree arrives with a service animal, they are to be accommodated as part of the shelter population. A “Service Animal” is defined as an animal that has been individually trained to do work or perform tasks for an individual with a disability. The task(s) performed by the animal must be directly related to the person's disability. The rules that cover service animals are based in Federal law (Department of Justice, Americans with Disabilities Act) and thus supersede local and state law.

- If the shelteree does not bring the necessary resources for the service animal, the shelter would need to contact the RCC. The RCC should:
  - o Determine if local resources are available through county EMs. If not,
  - o Submit a Resource Request through the SEOC which would be routed to ESF-17 for needed pet food, bowls, and other supplies.
- If a service animal “misbehaves”, contact the RCC and they will contact the appropriate personnel (likely ESF17) for the types of misbehavior that could lead to a service animal being excluded from a shelter. If this occurs, since the person cannot be separated from the animal, arrangements would need to be made to accommodate the person and animal via local partners and/or State ESF-17.

**Pets.**

Each county is responsible for pet sheltering, and ESF-17 would only be involved if the county requested their assistance. You can contact county Emergency Managers (EMs) for information on pet shelters in their county, but ESF-17 in the State Emergency Operations Center can also be contacted during a disaster for this information.

- SMNS shelters cannot accept pets or other non-service animals. Therefore, if a shelteree arrives with a pet(s) or non-service animal the following options can be offered:
  - o A “stand alone” (pets only) emergency pet shelter site or boarding facility can be located for the pet, as close as possible to the SMNS site. Identification of both the owner and the pet will be documented to ensure reunification when the shelteree leaves the shelter; or
  - o Family or friends can take the pet(s), and seek a “pet friendly” general population shelter (where pets stay with the shelterees) if one is available; or
  - o Family or friends can take the pet(s) and seek a pet-friendly hotel or motel.
  - o If the emergency pet shelter site is part of a larger “co-located” shelter, there are several options:
    - The caregiver could arrange for someone else to tend to the pet(s) at the emergency pet shelter,



**Appendix 7**  
**(Service Animals and Pets)**  
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- The caregiver can have someone else come to the SMNS to serve as the interim caregiver while the primary caregiver leaves to tend to the pets (note: the interim caregiver needs to be skilled in providing all direct care for the shelteree),
- Whomever is operating the pet shelter can walk and feed the animal, or
- Another type of pet shelter site could be used and this information would be available via the county emergency manager or through ESF-17.

**Appendix 8**  
**(Functional and Access Needs and Persons with Disabilities)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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**Introduction.**

DHEC serves persons with disabilities in its shelters and does its best to plan to accommodate anyone with a functional and access need to include those with Limited English Proficiency(LEP). In order to accommodate these persons, DHEC has implemented numerous mean to improve the sheltering experience and to accommodate as many needs as possible.

**Persons with Limited English Proficiency (LEP)**

DHEC has a number of options for those who have limited English proficiency.

- The Public Health Reserve Corp has a list of volunteers across the state who speak a variety of foreign languages and level of proficiency is included in the list (basic, conversational, and fluent).
  - o Shelter Manager should contact the RCC and place a request for volunteer assistance via Regional OPHP Director or designee.
  - o Please include the following information in the request:
    - Shelter name, location, and contact information
    - Request for specific language interpreter(s)
    - Length of potential need/shift(s)
    - Items to bring, i.e. PHRC identification, personal items,
  - o Request must be confirmed by Regional PHP Director or designee.
  - o Volunteers will be recruited by Regional Volunteer Coordinators based on request.
  - o Volunteer Coordinator will process the request and coordinate deployment through the shelter staff.
  - o Shelter staff will confirm arrival with Volunteer Coordinator through the RCC.
  - o Shelter staff will notify Volunteer Coordinator at the end of shift/demobilization through RCC.
- DHEC has two Phone Interpretation Services: *Avaza Language Services* and *Global Interpreting Network*.
  - o The process for using *Avaza Language Services* can be found at the following link: <http://dhecnet/hs/lep/docs/how2AccessAvazaLang.pdf>
    - The Access Code list below (2b.i.) can be used for Avaza or Global services.
  - o The process for linking with *Global Interpreting Network* is:
    - Toll free number: 855- 215- 9724
    - Department ID: DHEC
    - Access Code: See Access Code list for your region (<http://dhecnet/hs/lep/index.htm>)

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- Call the toll-free number (855- 215- 9724).
- You will be greeted by an operator within 5 seconds.
- The operator will ask for your Department ID and six- digit access code.
- The operator will ask what language you require.
- The operator will ask you to hold for about 30 seconds while they connect to an interpreter.
- Once the connection is made, the operator will announce the interpreter's name and ID #.
- The operator will remain on the call to ensure all parties are able to communicate & no additional parties need to be connected.
- Once the operator ensures the call will proceed without issues, he/she will drop out of the call and leave you to continue with the interpreter.

Global Interpreting provides quick and easy access to 190+ languages 24 hours a day, 7 days a week, 365 days a year For emergencies please call 866.397.9288

**Persons with a Visual Impairment**

- If someone comes into a shelter who has a visual impairment, it is ok to ask questions with regards to the way that the person wishes to communicate. They may also have an application on a phone that they may prefer. The options that DHEC has available include;
  - *Writing on a pad*
  - *Pictogram Tool* (laminated in English and Spanish) are available to the DHEC staff person and the shelteree/caregiver to use this to point to the pictures on the tool to communicate ideas and get information.
  - *Magnifiers* with 4x, 5x, and 7x are available in the shelter kits for those who are not blind but simply require magnification to see and respond to documents.
  - *Braille and Large print* SMNS brochure (English only) and shelter rules are available. The shelter rules are available in English and Spanish.

**Persons who are Deaf**

- DHEC has an MOA with the SC School for the Deaf and Blind for sign language translation services for DHEC clients, including those in shelters or receiving other emergency services. The authorized requestors are: Director and Deputy Director of Bureau of Public Health Preparedness, Regional PHP Directors, and the State Director of

**Appendix 8**  
**(Functional and Access Needs and Persons with Disabilities)**  
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Nursing, or their designee. The requestor would need to coordinate with the RCC and ACC, and follow the procedure below:

- During regular business hours, Monday- Friday from 8:30 am-5:00 pm, call the Scheduling Coordinator at 864-577-7549 or the Director of Statewide Interpreting Services and ASL Programs at 803-608-2693.
  - After hours (5:00 pm to 8:30 am), weekends and holidays, call the Director of Statewide Interpreting Services and ASL Programs at 803-608-2693.

**Persons who require Durable Medical Equipment (DME) or Consumable Medical Supplies (CMS).** See APPENDIX 6 for specifics

- These items are equipment or consumable supplies for a shelteree or even a caregiver who requires these for the maintenance of health.
- These items are available upon request, but many will need to be accessed through partners. See the Durable Medical Equipment Access list for the list of potential providers and options. If equipment is borrowed from a partner, the you will need to use the *Partner Loan Inventory Checklist- DHEC form 3029* to keep track of the equipment and related information.

**Persons with a Cognitive or Intellectual Disability.**

- Depending on level of functioning, may be able to function within a SMNS; however, additional support may be required if functioning within the shelter environment becomes impaired. Some persons with cognitive disabilities struggle to a greater degree when their environment, routine, or situation changes. Do not assume this to be the case if someone with a cognitive disability comes into the shelter. If it does become an issue, DHEC may have social workers who may be of assistance or a request for additional support may be made to the ESF-8 in the SEOC.
- If additional support is needed beyond what is mentioned above for any reason, a Resource Request can be put into DHEC WebEOC or Palmetto by the RCC or ACC. This Resource Request can then be worked on by ESF-6 or -8 at the SEOC through partner organizations.

**Persons Who Use Service Animals**

- Service Animal are absolutely allowed into any shelter. See APPENDIX 7 for additional details

**Appendix 9**  
**(Shelter Team Roles and Responsibilities)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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<b>RESPOND. ACTIVATION OF SMNS. ACC and/ or RCC are activated.</b>	
<b>SHELTER MANAGER</b>	
<b>Actions:</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Report to assigned shelter with DHEC photo ID badge, upon being notified.</li> <li><input type="checkbox"/> Once the Shelter Team has arrived at the shelter, establish communication with the RCC.</li> <li><input type="checkbox"/> Complete facility walk-through with facility point of contact utilizing the “Pre/Post Occupancy Walk-through Survey” (DHEC 1267).</li> <li><input type="checkbox"/> Coordinate with the RCC to arrange for medical and administrative supplies and equipment to be delivered to the SMNS site in order to assure shelter operational within four (4) hours of notification. (If not already pre-staged.)</li> <li><input type="checkbox"/> Notify the RCC when facility is operational.</li> <li><input type="checkbox"/> Participate in shelter briefing with DSS (if appropriate), host facility representative, and other appropriate entities prior to opening.</li> <li><input type="checkbox"/> Confirm food service arrangements with host facility, DSS representative, or RCC. Contact ACC for special food needs.</li> <li><input type="checkbox"/> Initiate and maintain shelter sign-in sheet for staff and volunteers utilizing the “Staff/Volunteer Log Sheet” (DHEC 2642).</li> <li><input type="checkbox"/> Brief staff and review job action sheets, shelter related forms, communication processes, reporting process and other details related to the shelter operation.</li> <li><input type="checkbox"/> Communicate shelter census, staffing, and activity to the RCC every six (6) hours or more as needed.</li> <li><input type="checkbox"/> Coordinate with the RCC for transportation needs related to dialysis, discharge, etc.</li> <li><input type="checkbox"/> Coordinate with the RCC for Epidemiology resources should an outbreak occur within a general population or SMNS shelter, if required.</li> <li><input type="checkbox"/> Support staff and provide leadership for safe SMNS operations. Review safety specifics for shelter location.</li> <li><input type="checkbox"/> Identify any staff or shelteree issues/needs not currently met and report to the RCC.</li> <li><input type="checkbox"/> Document activities utilizing the ICS 214.</li> </ul>	
<b>CHARGE NURSE</b>	
<b>Actions:</b>	

**Appendix 9**  
**(Shelter Team Roles and Responsibilities)**  
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<ul style="list-style-type: none"> <li><input type="checkbox"/> Report to assigned shelter with DHEC photo ID badge, upon being notified.</li> <li><input type="checkbox"/> Oversee triage, intake/admission, and assignment of space for shelterees and caregivers.</li> <li><input type="checkbox"/> Establish nursing priorities for shelterees (i.e. care coordination and discharge planning).</li> <li><input type="checkbox"/> Initiate communicable disease screening as indicated utilizing the “Shelter Screening Tool for Communicable/Infectious Disease” (DHEC 2346), if required.</li> <li><input type="checkbox"/> In small shelters or shelters in Healthcare Facilities, the Shelter Charge Nurse may also serve as Shelter Manager.</li> <li><input type="checkbox"/> Communicate unresolved issues/concerns to the Shelter Manager.</li> <li><input type="checkbox"/> Complete “SMNS Shift Report” (DHEC 1270) for each operational period and submit to RCC.</li> <li><input type="checkbox"/> Document management activities utilizing the ICS 214.</li> </ul>
<b>REGISTERED NURSE STAFF</b>
<b>Actions:</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Report to assigned shelter with DHEC photo ID badge, upon being notified</li> <li><input type="checkbox"/> Review and maintain inventory of on-hand medical supplies utilizing the “SMNS Supply Inventory” (DHEC 2373) and report needs to Shelter Manager.</li> <li><input type="checkbox"/> Assist with making shelter ready for occupants.</li> <li><input type="checkbox"/> Utilize agency language line if appropriate.</li> <li><input type="checkbox"/> Triage potential shelterees for admission to SMNS according to Office of Public Health Nursing Triage Matrix.</li> <li><input type="checkbox"/> Complete nursing assessment on all shelterees utilizing the “SMNS Admission Form” (DHEC 2345).</li> <li><input type="checkbox"/> Establish discharge plan with shelteree and caregiver upon arrival. Discharge when appropriate and document on the “SMNS Discharge Summary” (DHEC 1265).</li> <li><input type="checkbox"/> Maintain accurate and complete records on all shelterees.</li> <li><input type="checkbox"/> Assess and monitor the status of shelterees at a minimum of once per shift and as needed and document on the “SMNS Continuation Notes” (DHEC 1264).</li> <li><input type="checkbox"/> Identify needed referrals and refer (i.e. Behavioral Health, Dialysis, Pharmacy, etc.)</li> <li><input type="checkbox"/> Coordinate transfer of shelterees to appropriate level of care when indicated.</li> <li><input type="checkbox"/> Remain at SMNS until all shelterees leave or until relief staff arrives.</li> </ul>
<b>ADMINISTRATIVE STAFF</b>
<b>Actions:</b>

**Appendix 9**  
**(Shelter Team Roles and Responsibilities)**  
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- ☐ Report to assigned shelter with DHEC photo ID badge, upon being notified.
- ☐ Review and maintain inventory of administrative supplies utilizing the “SMNS Supply Inventory” (DHEC 2373).
- ☐ Complete the “SMNS Intake Form” (DHEC 1266) and “SMNS Shelteree/Caregiver Personal Belongings Inventory” (DHEC 1271) on each shelteree.
- ☐ Assist shelterees and caregivers as needed.
- ☐ Report pertinent observations to shelter registered nursing staff. Remain at SMNS until relieved of responsibilities.

<b>RECOVER. ACC and RCC are deactivated.</b>	
<b>SHELTER MANAGER</b>	
<b>Actions:</b>	
<input type="checkbox"/> Communicate SMNS closure order to DHEC staff, shelterees and caregivers. <input type="checkbox"/> Provide direction for nursing staff in arranging relocation of shelterees as needed. <input type="checkbox"/> Provide Regional Director of Office of Nursing shelteree records who will then remit them to the Region OPHP for placement with other response records per the agency retention plan. <input type="checkbox"/> Oversee inventory and return of supplies and equipment. <input type="checkbox"/> Coordinates with Charge Nurse to assure proper disposal of any infectious waste generated during shelter operations per the Agency Exposure Control Plan. <input type="checkbox"/> Coordinate with RCC for logistical support to demobilize the SMNS. <input type="checkbox"/> Conduct Post Occupancy Walk-through Survey utilizing the “SMNS Pre/Post Occupancy Walk-through Survey” (DHEC 1267) completed during Pre Occupancy Walk-through. <input type="checkbox"/> Participate in debriefing and completion of necessary reports. <input type="checkbox"/> Participate in after action review	
<b>CHARGE NURSE</b>	
<b>Actions:</b>	
<input type="checkbox"/> Assure proper disposal of any infectious waste generated during shelter operations per the Agency Exposure Control Plan. <input type="checkbox"/> Oversee re-location of any shelterees <input type="checkbox"/> Assist Shelter Manager with communicating SMNS closure order to DHEC staff, shelterees and care givers. <input type="checkbox"/> Participate in debriefing and completion of necessary reports.	
<b>REGISTERED NURSE STAFF</b>	
<b>Actions:</b>	
<input type="checkbox"/> Collect shelteree records and submit them to the Shelter Manager. <input type="checkbox"/> Assist with relocation of any shelterees. <input type="checkbox"/> Assist Shelter Manager and/or Charge Nurse as requested.	

**Appendix 9**  
**(Shelter Team Roles and Responsibilities)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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ADMINISTRATIVE STAFF	
<b>Actions:</b>	
<ul style="list-style-type: none"><li><input type="checkbox"/> Take final inventory of administrative supplies using the “SMNS Supply Inventory (DHEC 2373)</li><li><input type="checkbox"/> Restock any supplies upon return to regional office.</li><li><input type="checkbox"/> Assist shelterees and caregivers as needed.</li><li><input type="checkbox"/> Remove shelter signage</li><li><input type="checkbox"/> Pack up supplies and equipment.</li></ul>	



**Appendix 10**  
**(Storage and Retention of Shelter Documents)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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DHEC is required to maintain and store shelter-related documents for 6 years in a secure location. The following SMNS-related documents need to be retained:

- No PHI information
  - [ICS 214-Activity Log](#)
  - [Partner Loan Inventory Checklist](#) (DHEC 3029)
  - [Pre/Post Occupancy Walk-through Survey](#) (DHEC 1267)
  - [Shift Report](#) (DHEC 1270)
  - [SMNS Inventory Checklist](#) (DHEC 3148)
  - [Staff/Volunteer Log Sheet](#) (DHEC 2642)
  - [Volunteer Nursing Agreement](#) (DHEC 1351)
  - [Consolidated SMNS Census](#)
  - [RCC Staffing Roster](#)
  - [SMNS Inventory Checklist](#) (DHEC 3148)
  - [Supply/Equipment Inventory](#) (DHEC 2373)
- Contain PHI (see HIPAA requirements regarding storage and retention)
  - Admission Form ([DHEC 2345](#) and [2345S](#))
  - Continuation Notes ([DHEC 1264](#))
  - Discharge Summary ([DHEC 1265](#))
  - Intake Form ([DHEC 1266](#) and [1266S](#))
  - Phone Triage Tool ([DHEC 1316](#))
  - Shelter Screening Tool ([DHEC 2346](#) and [2346S](#))
  - [SMNS Triage Log](#)
  - [Census Details](#) (DHEC 2597)
- During sheltering, the lead staff member (Shelter Manager/Charge Nurse) should keep shelteree documents in a secure location.
- After sheltering is complete, The Shelter Manager should provide all shelter-related documents/forms to the Regional Nursing Director for audit, review, combining, etc.
- Once that is accomplished, the Regional Nursing Director gives the documents to Regional OPHP Director for consolidation with other response documents to form a final response packet.
- Regional OPHP Director sends final response packet to identified person in Columbia for record retention purposes. Identified person needs to be determined by leadership...

**Appendix 10**  
**(Storage and Retention of Shelter Documents)**  
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The Regional Nursing Director will store the documents as they do with other PHI information regarding HIPAA compliance. The regions will store the information at the following location (County Health Department, clinical area, etc....this needs to be determined and added below)

Lowcountry-

Pee Dee-

Midlands-

Upstate-

**Appendix 11**  
**(Disease Outbreak Investigations in a Shelter)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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## **I. Purpose.**

Infectious disease outbreaks can occur in shelters. Infectious diseases are spread through respiratory droplets, aerosolized particles, direct or indirect contact with infected an infected individual or animal, food or water, and insects.

## **II. Roles and Responsibilities.**

If an infectious disease case is suspected by shelter staff, the following should occur:

<b>Outbreak of Disease, or a Single Case or Cluster of illness is suspected.</b>	
<b>COMMAND, CONTROL, COORDINATION</b>	
<b>Actions:</b>	<b>Responsibility</b>
<input type="checkbox"/> Notify the RCC immediately. <input type="checkbox"/> If necessary, enforce strict infection control measures inside the shelter, such as isolation and quarantine.	<b>Lead:</b> Charge Nurse <b>Supporting:</b>
<input type="checkbox"/> Contact the Regional Epidemiology Program Manager, or if after-hours, the Outbreak Response Team (ORT) on-call staff via established regional communication and reporting mechanisms. <input type="checkbox"/> Notify the ACC.	<b>Lead:</b> RCC <b>Supporting:</b>
<input type="checkbox"/> Notify the Division of Acute Disease Epidemiology Medical Consultant on-call <input type="checkbox"/> Determine if the reported case(s) is an outbreak and of public health significance. <input type="checkbox"/> Investigate the contact(s) of each case and the source of the outbreak. <input type="checkbox"/> In the case of a potential foodborne outbreak, consult with a foodborne disease epidemiologist. <input type="checkbox"/> Formulate an Incident Action Plan using the 10 steps for an outbreak investigation as guidance <input type="checkbox"/> Assure that appropriate and timely epidemiologic (Epi) surveillance and response occurs. Refer to <i>Incident Command System for Infectious/Communicable Disease Outbreak Investigations</i> for guidance on and steps to an outbreak investigation. <a href="http://dhecnet/hs/policy/ade/ICS_Policy.pdf">http://dhecnet/hs/policy/ade/ICS_Policy.pdf</a>	<b>Lead:</b> Core Outbreak Response Team (ORT) <b>Supporting:</b> RCC; ACC, Extended Outbreak Response Team, Bureau of Environmental Health Services

**Appendix 11**  
**(Disease Outbreak Investigations in a Shelter)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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<input type="checkbox"/> Test the specimens and samples associated with the shelter. <input type="checkbox"/> Communicate the results to the outbreak Area Commander.	<b>Lead:</b> Bureau of Laboratories (BOL)  <b>Supporting:</b>
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**Appendix 12**  
**(Sharing Information with SMNS Clients)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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## **I. Concept of Operations.**

During times of disaster many people who are in a shelter will want current information relevant to the disaster, status of ongoing efforts, resources, and activities in the shelter. Having current information and providing that information to residents can decrease the stress and improve resilience for the shelterees. This can also prevent rumors from gaining traction.

## **II. Information, Collection, Analysis, and Dissemination.**

Shelter staff will gather, analyze, and disseminate information through coordination with the ACC and/or RCC upon activation of this Annex. Information will be collected and disseminated through regularly scheduled meetings. Allow ample time for questions, and make sure that the information is also communicated in ways that are accessible to those who are hearing impaired or have limited English proficiency.

<b>Information Element</b>	<b>Responsible Element</b>	<b>Deliverables</b>	<b>Distribution</b>
<ul style="list-style-type: none"><li>- Event-related updates</li><li>- Shelter Rules/Policy</li><li>- Housekeeping items (site-specific)</li><li>- Meal Times</li><li>- News Releases</li></ul>	<ul style="list-style-type: none"><li>- Shelter Staff</li></ul>	<ul style="list-style-type: none"><li>- Shelter Rules (Hardcopy), in various formats (braille, Spanish, etc.)</li><li>- News reports through scheduled meetings</li><li>- Face-to-face briefings with shelterees/caregivers</li></ul>	<ul style="list-style-type: none"><li>- Shelterees, Caregivers, and Visitors</li></ul>

### **Establish an Information Area.**

The information area is set up in a designated space, near or within the reception area, accessible to everyone in the shelter. It is resourced to provide centralized information to shelterees and caregivers relevant to the disaster, resources, and activities in the shelter. This area can be a bulletin board, table or other location. Similar information to what is bulleted above should be included in the information area. The information should be presented in a way that everyone can receive and understand the information, including individuals with visual, hearing, or cognitive impairments and those who do not speak English. This will help supplement the information that is provided during daily shelter briefings.

**Annex P**  
**(Water Quality Disaster Operations)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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**PLACEHOLDER**

**Annex Q**  
**(Coastal Program Damage Assessment Operations)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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## **I. Introduction.**

Following an emergency that impacts any or all of the eight coastal counties of South Carolina, DHEC Ocean and Resource Management (OCRM) is responsible for conducting initial damage assessments of structures located within the beachfront jurisdictional areas of the state. Specifically, DHEC OCRM is required to evaluate the condition and determine a percent of damage to habitable structures, pools, and erosion control devices located within the Beach/Dune system Critical Area. Any replacement, repair, or reconstruction of structures within the Critical Area requires authorization from DHEC-OCRM.

## **II. Purpose.**

This Plan is subordinate to the DHEC OCRM Emergency Operations Plan (EOP) and is designed to provide a framework regarding annual preparation and recovery activities for emergency management operations. This plan specifically addresses activities to be conducted throughout the year to ensure DHEC OCRM is ready to efficiently and effectively undertake its disaster recovery responsibilities

## **III. Emergency Management Activities.**

**PREPAREDNESS** includes planning for recovery operations before the disaster occurs. DHEC OCRM prepares for disasters annually by undertaking the following tasks:

- Developing plans and Standard Operating Procedures for emergency management functions;
- Conducting and maintaining inventories of beachfront structures within the state's jurisdiction including habitable structures, pools and erosion control devices;
- Ensuring staff are trained to implement emergency procedures through coursework and drills;
- Conducting inventories and pre-deploying resources for recovery activities;
- Establishing relocation facilities and staging areas for recovery activities;
- Ensuring vendor contracts are established and maintained; and
- Revising the EOP as necessary to improve DHEC-OCRM's state of readiness for an emergency.

**RECOVERY** functions of DHEC OCRM after a disaster involves activities specific to damage assessments for structures within the state's coastal jurisdiction.

**Annex Q**  
**(Coastal Program Damage Assessment Operations)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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Initial recovery activities involving DHEC OCRM will begin after the local/state preliminary disaster assessment is complete. Clearance to enter an affected area and coordination with DHEC ACC / DCT members and local governments are essential prior to commencement of DHEC OCRM recovery activities. Areas affected and the severity of an event will determine the level of damage assessment conducted and the agencies involved.

**Preliminary Damage Assessments.**

Following large scale disasters, preliminary damage assessments will likely be via flyover coordinated through SCEMD. Detailed damage assessments via ground surveys will be prioritized based on this assessment, and information provided by the impacted local government.

**DHEC OCRM Damage Assessment Functions.**

DHEC OCRM recovery activities involving damage assessment for structures within the state's jurisdiction will begin after the preliminary disaster assessment is completed. Information obtained by DHEC OCRM staff or contractors on damage to habitable structures within DHEC OCRM jurisdiction may be provided to local governments for assistance in determining the extent of damage to an area and disaster cost summaries.

## **IV. Roles and Responsibilities.**

DHEC OCRM's emergency functions are performed outside of normal operations of the agency. This plan establishes the emergency management organization in which DHEC OCRM will function under emergency situations. The emergency management organizational structure follows National Incident Management System (NIMS) principles and identifies functions and chain of command during activation. These functions and chain of command are outside of the structure of normal agency operations.

**OCRM Command Section.**

The OCRM Command Section consists of the Disaster Management Chief, Disaster Management Team, SERT/DCT member and the Public Information Officer (PIO). The Command Section is responsible for the overall direction and control of preparedness and recovery operations for an emergency. It approves the overall plan of action, establishes priorities and procedures for operations, coordinates activities



**Annex Q**  
**(Coastal Program Damage Assessment Operations)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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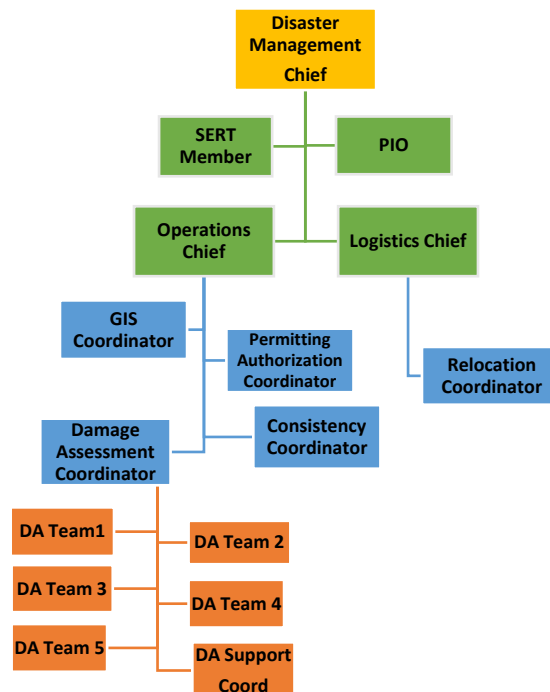
between Section Chiefs, and ensures the EOP is implemented effectively. External communication flow is also coordinated by this section through the SERT member and the PIO.

**Operations Section.**

The Operations Section consists of the Operations Chief, Permitting Authorization Unit, Damage Assessment Unit and GIS Unit. This section is responsible for all tactical field operations of emergency management. It ensures updated inventories and other documentation is available for damage assessment activities and coordinates the execution of the EOP field operations following a disaster.

**Logistics Section.**

The Logistics Section is comprised of the Logistics Chief and units involving transportation, supplies, internal communications, IT and relocation responsibilities. It establishes relocation sites and procedures, ensures effective staff notification during and after an event, and inventories and supplies all support needs for tactical field operations and continuity of operations.



## **V. Concept of Operations.**

### **Structural Inventory Assessment.**

Structural inventory assessments are conducted annually by Regional Inventory Teams for use during disaster recovery operations. This inventory consists of a comprehensive database of information on habitable structures, pools and erosion control structures located within the state's beachfront jurisdictional area. Information collected includes dimensions and specifications of erosion control structures, and locations of habitable structures and pools. The Structural Inventory Assessment Standard Operation Procedure (SOP) details annual structural inventories.

### **Advanced Resource Staging.**

Advanced resource staging involves coordination of logistical and supply needs necessary to effectively implement recovery operations in the event of a disaster. These preparedness activities include tasks such as inventorying and securing supplies and equipment for assessment functions; developing procedures to mobilize resources; and determining appropriate relocation sites.

### **Damage Assessment.**

Assessments of the damage to habitable structures, erosion control structures and pools located between the baseline and setback line or seaward of the baseline are conducted after a disaster event. Damage assessments are typically performed in two stages in effort to facilitate recovery. The initial staff assessment is essentially a triage to evaluate structures and determine whether they are clearly destroyed beyond repair or clearly not destroyed beyond repair. This assessment allows DHEC OCRM to quickly notify property owners and local governments regarding the status of which structures located in DHEC OCRM's beachfront jurisdiction. The second stage of damage assessment involves an additional, more detailed assessment of the structures that need further assessment after the triage operation is complete. Registered professional engineers under contract with DHEC OCRM, with pertinent professional experience, perform these assessments.

Initial damage assessments of structures located in non-beachfront critical areas will not be conducted by DHEC OCRM.

### **Permitting Authorizations.**

**Annex Q**  
**(Coastal Program Damage Assessment Operations)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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Structures located within the state's beachfront critical areas that are impacted by disasters require various authorizations by DHEC OCRM prior to repair or reconstruction. Authorization may depend on DHEC OCRM's assessment of the extent of damage to a structure.

Emergency General Permits (EGP) may be issued by DHEC OCRM for reconstruction or replacement of non-beachfront structures damaged or destroyed by a disaster. Property owners must notify DHEC OCRM of the construction to be conducted and include design standards in order to receive authorization through an issued EGP.

In the event of a disaster with major environmental impacts such as storm-generated erosion or marine debris, emergency orders may be issued for sand scraping, sand bags, or minor nourishment on a statewide, regional, local or property level pursuant to §48-39-130(D)(1), R.30-14.C and R.30-15.H. Emergency orders may also be issued for additional activities where conditions may endanger the health, safety and resources of the residents of the state including marine debris removal, and repair of roadways or bridges within the critical area jurisdiction (§48-39-130(D)(1)).

## **VI. Test, Training, and Exercises.**

All DHEC employees involved in emergency operation functions are required to complete a minimum level of emergency management training. The Training Coordinator will maintain a list of required and completed courses for staff. The level of required ICS/NIMS training is based on an employee's role during times of disaster. The agency's policy addressing minimum requirements is outlined in the DHEC Administrative Policies Manual.

Emergency drills will be periodically conducted to provide training to staff, and to verify the adequacy of emergency management policies, procedures, and equipment. The purpose of drills is to evaluate procedures including staff and equipment performance. Drills are intended to train staff for preparedness and recovery activities in the event of a real emergency.

## **VII. Plan Maintenance and Updates.**

The DHEC OCRM EOP and associated annexes are maintained by the Emergency Operations Plan Coordinator with input from the OCRM Command Staff and Section Chiefs. Final approval of the EOP and any updates conducted are made by the Disaster Management Chief. The EOP and its annexes are reviewed annually and updated as necessary to reflect changes in policy, regulations and procedures. In

**Annex Q**  
**(Coastal Program Damage Assessment Operations)**  
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addition, lessons learned from drills and actual events are incorporated to enhance preparedness and recovery capabilities. Relocation sites and procedures for access will be identified and developed by the Relocation Coordinator. Site information including directions and maps will be updated annually and provided in the OCRM EOP Recovery Annex as Appendix 1.

## **VIII. Authorities and Regulations.**

Pursuant to §48-39-270 and §48-39-290, DHEC OCRM will maintain professional contract services for detailed damage assessments. Services will include accurate professional assessment for habitable structures, pools, and erosion control structures located within the state's beachfront jurisdiction.

Coastal Tidelands and Wetlands Act. S.C. Code Sections 48-39-10 et seq., 1976. §48-39-270 includes pertinent definitions. §48-39-280 establishes the 40 year retreat policy. §48-39-290 restricts construction or reconstruction seaward of the baseline and within the setback area and sets forth the procedures for determining destroyed beyond repair

Critical Area Permitting Regulations. S.C. Code Ann. Regs. 30-1, et seq. (2008). Regulations 30-13 through 30-15 address permitting of beachfront structures.

OCRM Emergency Operations Plan. Provides direction and guidance to DHEC OCRM personnel for actions to be taken before, during and after a major disaster.

**Annex R**  
**(Communications Support)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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**PLACEHOLDER**

**Annex S**  
**(Personnel Operations During Disaster)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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**PLACEHOLDER**

**Annex T**  
**(Facility Evacuation, Closures, and Restoration)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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**PLACEHOLDER**

**Annex U**  
**(CASPER Operations)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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**PLACEHOLDER**



**Annex V**  
**(Disaster Recovery)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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**PLACEHOLDER**

**Annex W**  
**(Preparedness Training and Education)**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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**PLACEHOLDER**

**Annex X**  
**(Supporting Plan and SOP Development )**  
**to the SC Department of Health and Environmental Control Emergency Operations Plan**

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**PLACEHOLDER**